

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL NO. 2804  
OPIATE LITIGATION

Case no.  
17-mdl-284  
Judge Dan Polster

This document relates to:  
The County of Summit, Ohio, et al.,  
V.  
Purdue Pharma L.P., et al.,  
Case No. 1:18-OP-45090 (N.D. Ohio)

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Continued deposition of
PATRICK LEONARD, VOLUME II
PORTIONS OF THE TRANSCRIPT ARE DESIGNATED
CONFIDENTIAL
March 27, 2019
11:03 a.m.

Taken at:
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1 PATRICK LEONARD, of lawful age,
2 called for examination, as provided by the
3 Statute, being by me first duly sworn, as
4 hereinafter certified, deposed and said further
5 as follows:

6 EXAMINATION OF PATRICK LEONARD
7 BY MR. ROMAN:

8 MR. ROMAN: Why don't we go ahead
9 and do introductions. Jim, do you want to
10 start?

11 MR. LEDLIE: Sure. I'm James
12 Ledlie, from the Motley Rice law firm, on
13 behalf of the City of Akron and Summit County,
14 and I'm joined by Caroline Rion, also from
15 Motley Rice, and this is a continuation of the
16 deposition.

17 MR. BENNETT: James Bennett, on
18 behalf of the Department of Justice, United
19 States Drug Enforcement Administration, from
20 the U.S. Attorney's Office in Cleveland.

21 MR. CIPRIANI: John Cipriani, from
22 the Drug Enforcement Administration.

23 MS. BACCHUS: Renee Bacchus,
24 Assistant United States Attorney, on behalf of
25 the United States Drug Enforcement

1 Administration, DEA, and the U.S. Attorney's
2 Office.

3 MS. OCHMAN: Patricia Ochman, Jones
4 Day, for Walmart.

5 Mr. MOYLAN: Daniel Moylan,
6 Zuckerman Spaeder, for CVS.

7 MR. SCHOCK: Andrew Schock, Jackson
8 Kelley, for AmeriSourceBergen Drug Corporation.

9 MR. WHITESELL: Jeff Whitesell,
10 from Tucker Ellis, on behalf of Johnson &
11 Johnson and Janssen.

12 MR. MILLER: Hayden Miller, Ropes &
13 Gray, on behalf of Mallinckrodt LLC and SpecGx
14 LLC.

15 MR. GOLDSTEIN: Josh Goldstein,
16 Ropes & Gray, on behalf of Mallinckrodt LLC.

17 MR. WINKELMAN: Steven Winkelman,
18 Covington & Burling, on behalf of McKesson
19 Corporation.

20 MR. ROMAN: And Neil Roman,
21 Covington & Burling, also on behalf of
22 McKesson. I think we're out of time.

23 BY MR. ROMAN:

24 Q. How are you, Det. Leonard?

25 A. I'm fine. Yourself?

1 Q. Good. Thank you.

2 Any reason you can't give complete
3 and truthful testimony today?

4 A. No.

5 Q. Did you review the transcript of
6 the deposition that we took on January 31?

7 A. I did a couple weeks ago, yes.

8 Q. Is there anything in there that you
9 would like to change or alter or amend in any
10 way?

11 A. Actually, there is one. At one
12 point I said that the Dr. Harper case was
13 turned over to the DEA. It was never turned
14 over. A joint case was opened. It was still
15 an Akron case. It was a dual case. It wasn't
16 actually given to the DEA as theirs and not the
17 City of Akron.

18 Q. Any other changes you wanted to
19 make?

20 A. No, sir.

21 Q. Have you done anything to prepare
22 for your resumed deposition today?

23 A. I have met with counsel and I have
24 met with United States Government attorneys.

25 Q. How many meetings have you had with

1 counsel and the United States attorneys?

2 A. Probably three, two with U.S.
3 attorneys and one with counsel.

4 Q. Okay. By counsel, you are
5 referring to Mr. Ledlie?

6 A. Yes, sir.

7 Q. Okay. When did you meet with Mr.
8 Ledlie?

9 A. Besides today, I don't know, it's
10 been a couple weeks ago. I don't remember when
11 it was.

12 Q. Was anybody else present when you
13 spoke with Mr. Ledlie?

14 A. No.

15 Q. Was anybody on the phone when you
16 spoke with Mr. Ledlie?

17 A. I do not recall.

18 Q. More than half a day or less than
19 half a day?

20 A. Less than half a day.

21 Q. And how about the United States,
22 who -- what attorneys from the United States
23 have you talked with in preparation for your
24 testimony today?

25 A. That are in the room here, Mr.

1 Bennett and Mr. Cipriani.

2 Q. When was the first time you talked
3 to Mr. Bennett and Mr. Cipriani?

4 A. I don't have dates, sir. I don't
5 know.

6 Q. A couple weeks ago?

7 A. We spoke this past Monday, and we
8 have exchanged emails with Mr. Cipriani a
9 couple of times since then.

10 Q. Was anybody else present when you
11 spoke with them?

12 A. Renee, Ms -- I'm sorry. I don't
13 remember Renee's last name -- Bacchus was there
14 on Friday as well -- or Monday as well.

15 Q. Okay. Anybody besides those three,
16 at any point?

17 A. No, sir.

18 Q. And nobody on the phone or anything
19 like that?

20 A. No, sir.

21 Q. And what was the total amount of
22 time that you have spoken to attorneys for the
23 United States in preparation for your testimony
24 today?

25 A. About two hours in -- I correct

1 that. Mr. Ledlie was on the phone on Monday
2 with us.

3 Q. Anybody else?

4 A. No.

5 Q. Have you discussed the expected
6 substance of your testimony today with anyone
7 other than the folks you have identified so
8 far?

9 A. No, sir.

10 Q. Have you reviewed any deposition
11 transcripts, other than your own, in
12 preparation for your testimony today?

13 A. No, sir, I have not.

14 Q. Have you done anything else to
15 prepare for your testimony today, other than
16 what you have so far described?

17 A. No, sir.

18 Q. Okay. So I believe that the way we
19 left it last time is you took us up to about
20 February of 2012, and that's when you started
21 working for the DEA tactical diversion squad,
22 correct?

23 A. Yes, sir.

24 Q. And if I use the acronym TDS, you
25 will understand what that refers to?

1 A. Yes, sir.

2 Q. The diversion squad, right?

3 A. Correct.

4 Q. And are you still a task force
5 officer with the TDS?

6 A. I am.

7 Q. And if I use the acronym TFO, you
8 will understand that refers to task force
9 officer?

10 A. I will.

11 Q. And you joined the TDS as a TFO in
12 February 2012, correct?

13 A. Yes, sir.

14 Q. How did this assignment come about?

15 A. At some point, the GS was -- from
16 the Cleveland DEA office reached out to our
17 department and informed them that they were
18 creating a TDS group out of the Cleveland DEA
19 and asked if I was interested in being a part
20 of it.

21 Q. First all, a couple more acronyms
22 in there. What does GS stand for?

23 A. A group supervisor. I believe he

24 
25 that contacted our office.

1 Q. And he is with the Drug Enforcement
2 Administration?

3 A. Yes, sir.

4 Q. And was his request made directly
5 to you or was it made to your superiors?

6 A. It was made to my superiors.

7 Q. And were you given a choice, or was
8 this an order from your superiors to join the
9 TDS as a TFO?

10 A. I was given a choice.

11 Q. And you accepted?

12 A. Yes, sir.

13 Q. Do you know for how long TDS has
14 been around?

15 A. We started the group in February of
16 2012. I was one of the initial members.

17 Q. Who are the other initial members?

18 MR. BENNETT: Objection. You may
19 talk generally about the task force. You may
20 not give specifics on strengths of the task
21 force and those details. So if these are
22 publicly known individuals on the task force,
23 then you may answer. If they are not publicly
24 known, then you are not authorized to answer
25 that.

1 Q. Let me ask a different question.

2 First of all, do you know how many
3 other members of the task -- how big the task
4 force was when you started?

5 MR. BENNETT: Objection. Again,
6 the size of the force is not something that
7 this witness is authorized to answer.

8 Q. Were any other officers at the
9 Cleveland Police Department or Akron Police
10 Department members of TDS as of February 2002?

11 MR. BENNETT: You may answer that.

12 A. No, they were not.

13 Q. Subsequently, did members of the
14 Akron Police Department and Cleveland Police
15 Department join TDS?

16 A. Yes.

17 Q. Who were those?

18 A. About a year ago, Det. John Prince
19 from the Cleveland Police Department joined the
20 TDS.

21 Q. And then how about from Summit
22 County or Cuyahoga County?

23 A. Yes. Det. Lori Baker-Stella from
24 Summit County Sheriff's Office. There was a
25 deputy from the Cuyahoga County Sheriff's

1 Department, Lou Scabelli, he's no longer with
2 us, and he's been replaced by John Gioitti.

3 Q. Do you recall their dates of
4 participation?

5 A. Mr. Gioitti was somewhere around
6 the same time as Mr. Prince, about a year ago.

7 Q. What are your responsibilities
8 within TDS?

9 A. We are considered to have the same
10 responsibilities as an agent, open and
11 investigate cases.

12 Q. What type of cases?

13 A. Prescription criminal cases.

14 Q. What do you mean by "prescription
15 criminal cases"?

16 A. The TDS, the tactical diversion
17 squad, we are geared toward overprescribing
18 physicians, pharmaceuticals, any pharmacists
19 that are dispensing illegally or improperly,
20 down to patients that are selling their
21 narcotics.

22 Q. So all forms of prescription drug
23 diversion, correct?

24 A. Yes, sir.

25 Q. Do you have any responsibilities

1 for budgeting or finance?

2 A. I do not.

3 Q. Do you have any responsibilities
4 for administration or leadership?

5 A. No. Unless I'm the case agent,
6 then I still have to -- I don't have -- I have
7 control over my case up until the point where
8 the supervisor would supercede.

9 Q. How are cases assigned among TFOs?

10 A. It really just depends. Some cases
11 are assigned by the group supervisor. In our
12 particular TDS, cases that are in the Summit
13 County control area would go to myself or Det.
14 Baker-Stella first. Physicians in our area, we
15 would be at least the -- maybe not the case
16 officer, but a co-case officer on them.

17 Q. And are you still employed by Akron
18 Police Department?

19 A. I am.

20 Q. And, in fact, they pay your -- they
21 pay your salary, and then the federal
22 government pays your overtime; is that right?

23 MR. LEDLIE: Object to the form of
24 the question. Misstates.

25 Q. Who pays your salary?

1 A. The Akron Police Department pays my
2 salary.

3 Q. And your overtime when you are
4 working on TDS work is paid for by the federal
5 government?

6 A. Right. The Akron Police Department
7 still pays my overtime. They are reimbursed
8 quarterly by the federal government.

9 Q. And do you still report to
10 superiors within the Akron Police Department?

11 A. Yes, sir.

12 Q. And how do you decide who you are
13 working for on a given day?

14 A. I'm assigned to the Cleveland DEA.
15 I check in with Akron every day, and then I go
16 to the Cleveland office.

17 Q. When you joined TDS in February of
18 2012, did you receive any specialized training
19 relating to or in connection with this
20 assignment?

21 A. Yes. I was sent to Quantico for a
22 week-long diversion school.

23 Q. Was that in February of 2012?

24 A. No, I believe it was -- it was at
25 least a year, maybe two years later.

1 Q. And what can you tell me about the
2 training that you received at Quantico?

3 A. It was case studies and additional
4 information on how other investigators had
5 utilized investment tools and techniques to
6 conduct cases.

7 Q. Who ran the program?

8 A. The DEA.

9 Q. Were you the only person from the
10 Cleveland/Akron area to attend?

11 A. That class I was.

12 Q. Did you receive any other training
13 in connection with your assignment to TDS?

14 A. I went to numerous schools for
15 training. I believe one of the HIDTA schools
16 the DEA had me go to was a surveillance
17 technique school.

18 Q. And when you went and you did the
19 Quantico training and these other trainings, do
20 you know who paid for those?

21 A. I do not. I assume Quantico was
22 paid for -- I'm not supposed to assume. So DEA
23 sent me. I flew, so it was on my DEA travel
24 card, so DEA paid for my flight back and forth
25 and the hotel stay.

1 - - - - -

2 (Thereupon, Deposition Exhibit 9,
3 Designated Confidential, Email
4 Chain, with Attachment, Beginning
5 with Bates Label AKRON 001163442,
6 was marked for purposes of
7 identification.)

8 - - - - -

9 Q. I'm handing you what has been
10 marked as Leonard Exhibit 9.

11 MR. BENNETT: Counsel, can you tell
12 me which tab this is in the binder you gave me
13 this morning?

14 MR. WINKELMAN: 4.

15 MR. BENNETT: Okay. Thank you.

16 Q. Exhibit 19 is a three-page document
17 bearing production numbers Akron 001163442
18 through 44. Have you seen this document
19 before?

20 A. Yes, sir.

21 Q. Exhibit 9 is an email chain. The
22 last entry is an email from Chip Westfall to
23 you dated July 16 of 2013; do you see that?

24 A. Yes.

25 Q. You received this email from

1 Mr. Westfall on or about that date in the
2 ordinary course of business?

3 A. I did.

4 Q. So Mr. Westfall is a lieutenant in
5 the Akron Police Department, correct?

6 A. Yes, he was.

7 Q. And did you report directly to him?

8 A. Yes, sir.

9 Q. And in this email chain, he asks
10 you to attend a one-day summit on
11 pharmaceutical drug diversion training,
12 correct?

13 A. Yes, sir.

14 Q. And did you, in fact -- this is in
15 August of 2013, correct?

16 A. Yes, sir.

17 Q. And did you, in fact, attend that
18 training?

19 A. No, sir, I don't believe I did.

20 Q. Do you know why not?

21 A. The only reason I would have not
22 attended was if we had an operation going that
23 day.

24 Q. So why do you believe you did not
25 attend this training?

1 A. Because I don't remember going to
2 anything at the Cuyahoga County College
3 Technical Training Center. I don't recall
4 attending that facility for a training.

5 Q. Okay.

6 MR. LEDLIE: What was this Exhibit
7 Number?

8 MR. WINKELMAN: 9.

9 - - - - -

10 (Thereupon, Deposition Exhibit 7,
11 Previously Marked, Designated
12 Confidential, Email Chain, Beginning
13 with Bates Label AKRON 000368766,
14 was marked for purposes of
15 identification.)

16 - - - - -

17 Q. Det. Leonard, I'm handing you what
18 we marked as Exhibit 7 at your first
19 deposition.

20 MR. LEDLIE: And at the last
21 deposition, I instructed that I'm clawing this
22 back based on the police investigation
23 privilege.

24 MR. ROMAN: But this was not clawed
25 back.

1 MR. LEDLIE: If you intend -- we
2 can get the special master on the phone if you
3 would like to, but I'm not going to allow any
4 questioning on this. I'm asserting the
5 privilege under police investigation and
6 techniques and schools. I'm not going to allow
7 any questions on this.

8 MR. ROMAN: I don't know why it
9 wasn't included in the clawback. When you
10 tried to prepare for the deposition, you clawed
11 back a number of documents.

12 MR. LEDLIE: We discussed this at
13 the last deposition, but we can take it up with
14 the Court, if you want.

15 Q. So when we spoke in January, Det.
16 Leonard, we talked about your diversion
17 investigations pre-2012; do you recall that?

18 A. Yes, sir.

19 Q. And you identified different types
20 of diversion: theft, forgery, doctor shopping,
21 pill sharing, overprescribing and pill mills;
22 do you recall that?

23 A. Yes, sir.

24 Q. And have you in your work with TDS
25 dealt with or addressed all these same forms of

1 diversion?

2 A. Yes, sir.

3 Q. Are you aware of any other forms of
4 diversion, and are there any others in which
5 you have been involved since joining TDS?

6 A. I was involved in assisting a civil
7 investigation with the diversion investigator,
8 where the --

9 MR. LEDLIE: I'm going to object.
10 This falls, in my opinion, outside of the
11 specific case and this falls outside of
12 authorization, in my understanding.

13 MR. BENNETT: I'll indicate under
14 the scope of the authorization, Det. Leonard is
15 authorized to talk about cases including civil
16 cases that have been filed publicly and
17 resolved. So I believe he may be talking about
18 a case that has been filed publicly and
19 resolved, in which case he is authorized to
20 answer that question.

21 If, however, it is an investigation
22 that was not publicly filed and resolved, then
23 you do not have authorization to answer that.
24 So I would join in the scope of the objection,
25 to the extent that it is not a public case.

1 A. We returned a bunch of records,
2 files, to a corporation in Wadsworth that had
3 paid a very large fine to the U.S. Government,
4 reference distribution of some narcotics.

5 Q. First of all, let me just ask
6 whether or not this matter has been filed
7 publicly and resolved?

8 A. It was civilly open and closed. I
9 don't know any more than that.

10 Q. When you say you returned a bunch
11 of records to a corporation in Wadsworth, what
12 does that have to do with --

13 A. They were a dispensing
14 organization.

15 Q. And what type of an organization?

16 A. I don't even know what the name of
17 it was at this point. It was probably 2012,
18 2011, 2014. It was early. We assisted a
19 diversion unit. A diversion investigator was
20 assigned to our TDS, and, like I said, we
21 assisted in returning files from an open case
22 that was recently closed in a civil litigation.

23 Q. I understand you returned the
24 files, but what was the investigation into,
25 what was going on?

1 A. It was a dispensing issue.

2 Q. So a pill mill?

3 A. No. It was a distribution center.

4 Q. Whose distribution center?

5 A. I don't recall.

6 Q. Do you know who the defendants are
7 in this case?

8 A. I do not.

9 Q. I'm just going to show you, Det.
10 Leonard, the caption on the corrected second
11 amended complaint and jury demand in this case,
12 and ask you to look at the list of defendants
13 and ask if any of the defendants were involved
14 in that case?

15 A. I've looked at that. If I saw the
16 name, I wouldn't recognize who it was. I don't
17 know who the distributing --

18 Q. Do you know whether, for example,
19 it was my client, McKesson?

20 A. I know exactly where the facility
21 is at, I could drive there, I don't know the
22 name of it.

23 Q. Where is the facility?

24 A. In Wadsworth, Ohio.

25 Q. And do you know what they were

1 distributing there?

2 A. No.

3 Q. Were you involved at all in the
4 investigation?

5 A. No, sir.

6 Q. You just were returning the papers?

7 A. Yes, sir.

8 Q. I'm sorry. You said you are aware
9 of who the defendants are in this case?

10 A. No, I'm not.

11 Q. So let me --

12 A. I'm sorry. Are you talking about
13 the case in Wadsworth?

14 Q. No, this case.

15 A. Yes, I know who the defendants in
16 this case are.

17 Q. Have you ever investigated any of
18 the defendants in this case for anything?

19 MR. BENNETT: Objection. Scope.

20 He's not authorized to discuss any
21 investigations as a DEA task force officer that
22 would have involved any particular individual,
23 including but not limited to the defendants in
24 this case. To the extent that he investigated
25 any of them before becoming a task force

1 officer, he may answer.

2 MR. ROMAN: Well, can he answer
3 that yes or no?

4 MR. BENNETT: He may not, unless
5 they were publicly charged and convicted. If
6 he has any cases that were actually indicted
7 and convicted against any defendants, he may
8 answer that as well. That's within the scope.

9 Q. First of all, can you answer that
10 question?

11 A. The answer is no.

12 Q. How about pre-February 2012, have
13 you ever investigated any of the defendants in
14 this case -- did you investigate any of the
15 defendants in this case pre-February of 2012?

16 A. No, I did not.

17 Q. Are you aware of any instance since
18 February of 2012 in which one of the defendants
19 in this case has sold or distributed an opioid
20 where there has not been a prescription from a
21 licensed practitioner?

22 MR. BENNETT: Objection. Scope.
23 You are not authorized to answer that question,
24 to the extent it calls for official Department
25 of Justice information, stuff that you did as a

1 task force officer.

2 To the extent you did something
3 other than being a task force officer, you may
4 answer.

5 A. Everything I did in my
6 investigations were as a task force officer.

7 Q. Well, let me ask you this: As an
8 officer of the Akron Police Department, have
9 you at any time investigated any of the
10 defendants for selling or distributing an
11 opioid where there has not been a prescription
12 from a licensed practitioner?

13 MR. LEDLIE: Object to the scope,
14 to the extent you are asking about after
15 February of 2012.

16 A. Can you restate your question.

17 MR. ROMAN: Well, I mean, I assume
18 you are instructing the witness not to answer?

19 MR. LEDLIE: Well, my
20 understanding, I'm counseling him that if I
21 understood counsel for the Department of
22 Justice, you are not allowed to discuss
23 specific cases that you did or did not
24 investigate from February of 2012 that were DEA
25 matters. If you have other matters that are

1 city matters, you are allowed to answer that.

2 A. I can't answer that question.

3 MR. ROMAN: I will just note that
4 it seems that our Touhy authorization is
5 largely illusory, but...

6 Q. So in their interrogatory
7 responses, Summit County and Akron identified
8 pill mills operated in their jurisdictions run
9 by the following doctors: Dr. Harper, Dr.
10 Adolph Harper; Dr. Brian Heim, H-E-I-M; Dr.

11 [REDACTED]

12 [REDACTED]

13 T-R-I-C-A-S-O; and Dr. Gregory Ingram,
14 I-N-G-R-A-M.

15 I understand, Det. Leonard, that
16 you were involved in the Harper investigation;
17 is that correct?

18 A. Yes, sir.

19 Q. Were you involved in any of the
20 other investigations?

21 MR. LEDLIE: I would object to the
22 characterization of a "pill mill." I believe
23 we said there was improper prescribing, but I
24 don't believe that language is accurate.

25 A. A couple of those names are still

1 open, ongoing investigations, and I am involved
2 in most of the other names you read.

3 Q. Are there any in which you have not
4 been involved with? Do you want me to read the
5 list again?

6 A. Please.

7 Q. Dr. Heim, Dr. Njoku, Dr. Lazzerini,
8 Dr. Tricaso, Dr. Ingram.

9 A. I believe that Dr. Njoku was a
10 medical board investigation. I'm not positive,
11 but that's what I recall.

12 Q. And all the others, you were
13 involved with the investigations into them?

14 A. Yes, sir.

15 Q. And do you have any information,
16 based on your investigations, that any
17 defendant in this case ever sold or marketed a
18 prescription opioid to any of these five
19 doctors, everybody except for Dr. Njoku?

20 MR. BENNETT: Objection. Scope.
21 The witness an authorized to answer his
22 personal knowledge regarding the identities of
23 individuals who have been charged and
24 convicted. He is not authorized to discuss the
25 substance of his investigation.

1 MR. ROMAN: I think you're going to
2 have a tough time objecting to this one.

3 Q. This is off your website.

4 A. Okay.

5 MR. LEDLIE: Objection. That's the
6 DEA's website, not Det. Leonard's.

7 MR. BENNETT: And counsel, for the
8 record, we did review this when you gave it to
9 us this morning, and we do not have any
10 objections to you asking questions on this one.

11 MR. ROMAN: Good.

12 - - - - -

13 (Thereupon, Deposition Exhibit 10, A
14 Three-Page Document Printed Off of
15 the Justice Department DEA Diversion
16 Control Division Website on November
17 25 of 2018, was marked for purposes
18 of identification.)

19 - - - - -

20 Q. Det. Leonard, I'm handing you what
21 has been marked as Leonard Exhibit 10. It is a
22 three-page document that I will represent was
23 printed off of the Justice Department DEA
24 Diversion Control Division website on November
25 25 of 2018.

1 Have you seen this document before?

2 A. Earlier today.

3 Q. The first page, there is a heading
4 Tactical Diversion Squads; do you see that?

5 A. Yes, I do.

6 Q. And the first paragraph of that
7 reads, "The Tactical Diversion Squads combine
8 DEA resources with those of federal, state and
9 local law enforcement agencies in an innovative
10 effort to investigate, disrupt, and dismantle
11 those suspected of violating the Controlled
12 Substances Act or other appropriate federal,
13 state or local statutes pertaining to the
14 diversion of licit pharmaceutical controlled
15 substances or licit chemicals"; do you see
16 that?

17 A. I do.

18 Q. And is that the mission of the
19 division, as you understand it?

20 A. Yes, sir.

21 Q. How does TDS go about disrupting
22 and dismantling those suspected of violating
23 the Controlled Substances Act?

24 MR. BENNETT: Objection. Scope.
25 He's not authorized to answer anything about

1 the investigation or intelligence gathering and
2 dissemination techniques.

3 And so to the extent you can talk
4 at a high level generally, you may, but you may
5 not disclose any of the techniques used by the
6 task force or the DEA.

7 Q. You can give me a general
8 description, please?

9 A. I mean, it's a pretty
10 self-explanatory what the paragraph says. We,
11 you know, complaints that come -- or forwarded
12 to us or investigative suspicious activity, we
13 would follow up with investigations.

14 Q. Let me step back a second. Do you
15 have an understanding of the Controlled
16 Substances Act?

17 A. Yes.

18 Q. And what is that understanding?

19 A. It's the act that controls all the
20 distribution of controlled substances.

21 Q. And do you know to whom it is
22 directed?

23 A. No.

24 Q. Have you ever read it?

25 A. I've -- yes. It's been a long time

1 ago.

2 Q. Do you understand whether it is
3 directed at maybe manufacturers or distributors
4 or pharmacies, all three, some of them?

5 A. I believe it is all of them.

6 Q. On the second page of this
7 document, it lists the Ohio TDS offices as
8 being in Cleveland, Columbus; do you see that?

9 A. Yes.

10 Q. Well, strike that.

11 Do you know what the jurisdictions
12 are of those two offices, do they coordinate,
13 is Cleveland responsible for certain portions
14 of the state and Columbus responsible for
15 other portions, what is the relationship
16 between those two offices?

17 A. The state is divided where
18 Cleveland has so many of the northern counties
19 and at some point Columbus has the rest of the
20 state.

21 Q. And you are out of the Cleveland
22 office, correct?

23 A. Yes, sir.

24 Q. Do you ever coordinate with those
25 in the Columbus office?

1 A. Yes, sir.

2 MR. BENNETT: Objection. Scope.
3 You are not authorized to talk about the
4 specific cases, but you can talk generally
5 about coordination.

6 Q. And in what types, not specific
7 cases, in what types of matters do you
8 coordinate with those in the Columbus office?

9 A. Open investigations. That would
10 depend on what -- it could be any or all,
11 depending what we were working.

12 Q. Do you have statewide
13 investigations?

14 A. Yes. We have multistate
15 investigations.

16 Q. And in those situations where you
17 have multistate investigations, do you
18 coordinate with TDS offices in other states?

19 A. Yes, sir.

20 Q. Now, do TDS's responsibilities
21 extend to the diversion of all prescription
22 drugs, as opposed to just prescription opioids?

23 A. All we investigate are the opioids.
24 All that I have been involved with are the
25 opioids.

1 Q. How did you know about TDS in
2 general, whether others within TDS in any of
3 these offices are involved with the diversion
4 of prescription -- of prescription drugs that
5 are not opioids?

6 MR. BENNETT: Objection. Form.

7 A. We do investigate other -- we have
8 had some -- just a second.


9 Q. Is this a matter of privilege?

10 A. I just have a question for counsel.

11 MR. BENNETT: Is it around the
12 scope of your authorization?

13 THE WITNESS: Yes.

14 MR. BENNETT: You can talk
15 generally about the type of cases, but not any
16 specific questions. So he asked about another
17 controlled substance that is not an opioid and
18 whether he is authorized to talk about it. I
19 have instructed the witness that he is
20 authorized to answer generally about the type
21 of cases if there is other prescription drugs,
22 but not about a specific investigation. That
23 was your question.

24 A. So we have done others besides
25 

1

2 Q. I gather you are 100 percent -- you
3 personally are 100 percent on prescription
4 opioids?

5

MR. LEDLIE: Objection to form.

6

A. No. I have investigated other

7

8

9 other prescription narcotics, other
10 prescription medications.

11

12

13

14

Q. Can you quantify the time that you
have spent on investigating diversion of
prescription opioids versus other types of
prescription drugs?

15

16

17

A. Only to say that the large majority
of the time would be opioids. I don't have a
specific breakdown for you.

18

19

20

21

Q. And do you ever -- are you ever
involved in the investigation of
nonprescription opioids, such as heroin or
fentanyl?

22

23

24

MR. LEDLIE: Objection to the
characterization of fentanyl as a
nonprescription opioid.

25

Q. Well, this is fentanyl,

1 nonprescription fentanyl?

2 A. We have been involved in
3 individuals that are making -- have their own
4 pills -- pill press. So an individual that is
5 making fake prescription medication, that may
6 include illicit fentanyl, we have done those
7 investigations.

8 Q. So those would be counterfeit
9 pills, correct?

10 A. Yes, sir, that's correct.

11 Q. And that's something you and others
12 in TDS have investigated?

13 A. Yes, sir.

14 Q. Can you give me a sense of how much
15 time you spent on this on a day-to-day basis
16 investigating the diversion of prescription
17 opioids as opposed to everything else you
18 investigate, whether it be prescription
19 nonopioids or just nonprescription drugs?

20 MR. LEDLIE: Object to the form of
21 the question.

22 A. It would be a guess to give you a
23 percentage. The majority of our time is spent
24 on opioids.

25 Q. Diversion of prescription opioids?

1 A. Yes, sir.

2 MR. BENNETT: Do you want to take a
3 break, counsel?

4 MR. ROMAN: I'll be fine. I'll get
5 some water.

6 Q. So a few minutes ago, we talked
7 about the types of diversion: theft, forgery,
8 things of that nature.

9 Has the types of diversion you can
10 investigate changed over time; has the mix
11 changed over time?

12 MR. LEDLIE: Object to the form of
13 the question.

14 A. Since joining the TDS, more of my
15 time has been spent on larger investigations,
16 whether it be, you know, pill presses,
17 physician offices, prescribers, more so than
18 individual doctor shoppers.

19 Q. Do you know why that's been the
20 case?

21 A. We have more assets available and
22 more manpower to go along with the
23 investigative tools.

24 Q. When did you receive these
25 additional assets and manpower?

1 MR. LEDLIE: Object to the form of
2 the question.

3 A. Those assets I'm talking about are
4 the other TFOs and agents that are from 2012 on
5 that I work hand in hand with everyday.

6 Q. Since 2012, you have started
7 focusing on the larger cases?

8 MR. LEDLIE: Object to the form of
9 the question.

10 A. No. I did the Dr. Harper case
11 several years prior to 2012. At that time I
12 used -- the additional manpower came from the
13 state board of pharmacy and the medical board.

14 Q. So can you provide more detail
15 about the additional, what you call assets that
16 have become available since 2012? Are you
17 talking about additional federal agents; is
18 that it?

19 A. Federal agents, overtime, vehicles.
20 It is easier to do your job when you have
21 additional people helping you.

22 Q. And have all those addition assets
23 been federally funded?

24 A. I know most of them have. I can't
25 think of any that haven't, but I can't give you

1 100 percent on that.

2 Q. Do you have any familiarity at all
3 with the budget of TDS?

4 A. No, sir.

5 Q. Do you know if Akron or Summit
6 provides any financial assistance to TDS, other
7 than paying your base salary and benefits?

8 A. I do not know that.

9 Q. Are you familiar with any cost
10 sharing or reimbursement agreements, other than
11 with respect to your own overtime, between TDS
12 and the City of Akron or the Akron Police
13 Department?

14 A. There is an asset forfeiture
15 sharing agreement.

16 Q. Please describe that.

17 A. It is based on the federal
18 government guidelines of assets that are seized
19 in a prosecution, and they will be divided up
20 between the government and the agencies that
21 provide assistance to the TDS.

22 Q. When you say, "Between the
23 government and the agencies," you are talking
24 about the federal government?

25 A. Yes, sir.

1 Q. And do you know how that division
2 is worked out as between the federal government
3 and the state agencies?

4 A. I know that I provide a DAG form.
5 I write out how many hours I have invested in
6 the case, and someone up the chain determines
7 what percentage each city or municipality will
8 receive from the assets.

9 Q. What is the DAG form?

10 A. Department of Justice.

11 MR. CIPRIANI: Deputy Attorney
12 General Form.

13 Q. That's your understanding?

14 A. Yes, sir.

15 Q. I just want to make sure. You are
16 sworn, and he's not.

17 A. Right.

18 Q. And when you are talking about
19 asset forfeiture, what types of assets are we
20 talking about?

21 A. Anything seized of value.

22 Q. Such as?

23 A. It could be cars, cash, bank
24 accounts, houses, jewelry.

25 Q. Would you have any sense on an

1 annual basis how much the City of Akron or the
2 Akron Police Department receives pursuant to
3 this asset forfeiture sharing agreements?

4 A. No, I do not.

5 Q. Do you know where these DAG forms
6 are maintained?

7 A. No, sir, I do not.

8 Q. Do you personally maintain copies
9 of the DAG forms that you completed?

10 A. I do not.

11 Q. Where do you send them?

12 A. To one of the administrative staff
13 at the Cleveland Drug Enforcement
14 Administration office to be processed.

15 Q. Do you know who in particular?

16 A. Ashley -- for the life of me, I
17 can't think of her last name right now --
18 Williams.

19 Q. Do you know what Ms. Williams does
20 with them?

21 A. No, sir, I don't.

22 Q. Now, the last time we talked, you
23 testified that there was no opioid crisis in
24 Akron before 2012; do you remember that
25 testimony?

1 A. Yes, sir.

2 Q. And is that still your testimony?

3 MR. LEDLIE: Object to the form.
4 Misstates his testimony.

5 A. Yes, sir, I still believe that the
6 epidemic did not hit prior to 2012.

7 Q. Is it your view that there is now
8 an opioid crisis or epidemic in Akron?

9 A. Yes, sir, there is.

10 Q. How to you describe that crisis or
11 epidemic?

12 A. An overwhelming medical problem in
13 the opioids in our geographical area of
14 Northeastern Ohio.

15 Q. What are the elements of that
16 overwhelming medical problem?

17 A. The amount of time and money spent
18 by the fire department, the police department,
19 the emergency rooms, the coroner's office
20 investigating and following up on overdoses and
21 overdose deaths within our region.

22 Q. And you believe that this epidemic
23 or crisis -- do you prefer one of those two
24 terms?

25 A. It doesn't matter to me.

1 Q. Okay. You believe this epidemic or
2 crisis drug began sometimes between 2012 and
3 2019, correct?

4 A. The crisis, I do have an opinion.
5 The crisis has been ongoing throughout the
6 2000s. It continued to evolve. I don't
7 believe it turned into an epidemic until after
8 2012, but there has been a continual opioid
9 crisis in the geographical area of Summit and
10 Northeastern Ohio.

11 Q. When do you believe it became an
12 epidemic in the Akron area?

13 A. I think that's one of those
14 questions that, based on my training,
15 experience in the field, and doing my job, that
16 those are information I've learned as a TFO and
17 an Akron police officer.

18 I have a hard time disseminating
19 what I'm authorized to say legally.

20 MR. BENNETT: So I'll remind the
21 witness that he is not authorized to give
22 personal opinions regarding nonpublic facts or
23 information you acquired as part of the
24 performance of your task force officer duties.
25 Information you learned outside of the cases

1 you investigated, as a TFO, then you may
2 answer.

3 A. And therein lies the problem. I
4 believe that most of what I learned as a TFO
5 would give me the idea of what years that
6 epidemic started. So unfortunately, I'm not
7 authorized to answer that.

8 Q. Let me ask a different question.
9 What changed, what was it that was not an
10 epidemic before and that became an epidemic,
11 what was the difference, was it just a matter
12 of magnitude, was there an event?

13 A. I don't think there was one
14 specific event. I think it was a continued
15 growth of the crisis that turned into an
16 epidemic, whether it is sheer volume of
17 victims, of individuals, that overwhelmed all
18 the resources we had in the area.

19 Q. And your view is that sometime
20 between 2012 and 2019, the sheer volume took
21 an -- increased, correct?

22 MR. LEDLIE: Object to the form.

23 A. Yes, I believe that's a fair
24 statement.

25 Q. Now, originally, you said you

1 didn't care whether I used "crisis" or
2 "epidemic," and we were both using it
3 interchangeably, and then you kind of drew a
4 distinction; do you recall that testimony?

5 A. Yes, sir.

6 Q. What is your understanding of
7 crisis and how does that differ in your mind
8 from that of an epidemic?

9 A. Are you asking my personal opinion?

10 Q. Well, your opinion as someone who
11 has been on the front lines in Akron for
12 decades fighting --

13 A. I would say that the crisis is
14 something we are still combatting. We were
15 still able to handle a percentage, you know, a
16 larger percentage of it, the state, keep pace
17 with it, even though it continued to evolve.

18 As we continued to lose ground on
19 it, that was still a crisis, until we were
20 completely overwhelmed. I would say that would
21 be the epidemic.

22 Q. So in your mind, it is just an
23 order of magnitude, an epidemic is greater than
24 a crisis; is that a fair summary?

25 MR. LEDLIE: Object to form.

1 A. Yes, sir.

2 Q. And was there a certain event or
3 series of events that, in your mind, caused the
4 crisis to evolve into an epidemic?

5 A. I don't believe I'm authorized to
6 answer that.

7 MR. BENNETT: The extent that that
8 requires you to rely on nonpublic information
9 you learned at the Department of Justice, you
10 can't answer.

11 To the extent that it's information
12 beyond that that you can answer, whether that's
13 related to Akron and Summit County resource
14 issues or information you learned that is
15 public, then you may answer.

16 A. I don't believe I can answer that.

17 Q. Are you familiar with the scope of
18 the opioid crisis or opioid epidemic in
19 jurisdictions outside of Akron and Summit
20 County?

21 A. No, sir, I am not.

22 Well, take that back. I'm aware of
23 the opioid epidemic and crisis as it pertains
24 to Ohio, Northeastern Ohio, and through the
25 TDS. A lot of my cases are not in Akron and

1 Summit County, they are in Northeastern Ohio,
2 so I'm aware of Northeastern Ohio.

3 Q. But, for example, are you able to
4 make a comparison between the situation here
5 and the situation, for example, in Kentucky?

6 A. No, sir, I'm not.

7 Q. How about other parts of Ohio,
8 other than where you focused?

9 A. No. My knowledge and intelligence
10 on the opioid epidemic is for this area.

11 Q. Forgive me if I'm asked this
12 before, but do you investigate issues involving
13 heroin and fentanyl at all?

14 A. I do not, minus what we said about
15 pill presses. If I investigate a pill press
16 and there is fentanyl, then that will fall
17 under the scope of my investigations.

18 Q. Because in your mind a counterfeit
19 drug is a form of diversion?

20 A. Yes, sir.

21 Q. And when we talk about an opioid
22 crisis or an opioid epidemic, do you
23 include -- do you draw a distinction between
24 prescription opioids and nonprescription
25 opioids?

1 MR. LEDLIE: Object to the form of
2 the question.

3 A. No, I don't. Only because I
4 believe that the opioid epidemic led to the
5 illicit opioid epidemic.

6 Q. You mean the prescription --

7 A. Yes. The addiction to the
8 prescription opioids have led to the heroin and
9 the fentanyl and the illicit drugs.

10 Q. And what is the basis for that
11 belief?

12 A. The opioid addiction. People I've
13 seen that are abusing opioids, prescription
14 opioids, when they can't get a continued
15 prescription from a physician, when they can't
16 afford to buy the pills, that they turn to
17 heroin.

18 Q. And do you talk to these people?

19 A. Sometimes.

20 Q. How often do you talk to the people
21 who have started with prescription opioids and
22 then can't get the pills and then turn to
23 heroin or fentanyl or some other form of
24 illicit drugs?

25 A. I don't know how many times I have

1 talked to them, but hundreds of times over the
2 last 15, 20 years in law enforcement and
3 working narcotics.

4 Q. How has it come up?

5 A. Normally during an interview
6 investigation of a doctor shopper.

7 Q. How many interviews do you think
8 you have conducted of doctor shoppers?

9 A. Hundreds.

10 Q. And in these interviews, do you
11 always ask how they started on opioids?

12 A. Yes, sir.

13 Q. And how often -- do you take notes
14 of these interviews?

15 A. I type up a report.

16 Q. Do you maintain these reports?

17 A. The City of Akron does.

18 Q. Where are they maintained?

19 A. The record room.

20 Q. What are they called?

21 A. Reports of Investigation.

22 Q. And you open one every single time
23 that you talk to a doctor shopper, for example?

24 A. No.

25 Q. When do you prepare a report and

1 when do you not prepare a report?

2 A. When there is a criminal
3 investigation where a criminal charge is filed.

4 Q. I know there is some -- well, in
5 what circumstances do you talk to a doctor
6 shopper where there is no criminal
7 investigation?

8 A. That person could end up becoming a
9 source.

10 Q. Well, aren't you investigating at
11 that point?

12 A. But those aren't reports typed
13 on -- source information doesn't go on a report
14 of investigation.

15 Q. In these reports of an
16 investigation, when you talk to the doctor
17 shoppers and they tell you that they started
18 off on prescription opioids, is that something
19 that you write down?

20 MR. LEDLIE: I'm going to object to
21 the extent that this calls for the tools and
22 techniques of case investigation of diversion
23 cases. The actual tools and techniques that
24 the detective employs would be subject to law
25 enforcement privilege.

1 If you want to talk generally,
2 without going into the tools and techniques
3 that he utilized, but you are talking about a
4 specific report of investigation, and there is
5 no way that I can see that you can do that.

6 MR. ROMAN: I'm talking about
7 general practice, and I can assure you that we
8 just spent the last two and a half hours with
9 Det. Moran asking him about specific reports
10 that he filed on behalf the Cleveland Police
11 Department.

12 MR. LEDLIE: I don't represent the
13 Cleveland Police Department.

14 MR. ROMAN: I understand you don't.
15 Are you instructing the witness not to answer?

16 MR. LEDLIE: I'm instructing the
17 witness not to reveal the tools and techniques
18 that you use to investigate specific
19 investigations. To the extent that you can
20 answer his question without doing that, you may
21 do so.

22 MR. ROMAN: I'm not sure this is a
23 tool and technique. This is a reporting
24 procedure that I'm asking about.

25 MR. LEDLIE: If I understand your

1 question, it is in these reports of
2 investigation, which is a specific case, when
3 you talk to a doctor, they would then tell you,
4 you go into the contents of an interview of a
5 doctor shopper, that's a tool and technique of
6 an investigation.

7 MR. ROMAN: I'm asking what he
8 writes down.

9 MR. LEDLIE: Oh, is that your
10 question?

11 MR. ROMAN: Yeah.

12 Q. So you interview someone. You are
13 investigating the doctor shopper and you
14 interview that person.

15 A. Okay.

16 Q. And that person tells you, "I
17 started on prescription opioids." Do you write
18 that down in your reports?

19 A. Not always, no.

20 Q. When do you do it and when do you
21 not do it?

22 A. Normally what I write down on the
23 report would be the elements of the crime. Our
24 prosecutor's office wants to make sure you ask
25 the physician, did they write the prescription.

1 The doctor shopper is someone who has multiple
2 physicians' prescription.

3 THE WITNESS: Am I going past the
4 scope?

5 MR. LEDLIE: Yeah. You're going
6 into how you build a case, how you build the
7 contents of the case for the prosecutor. I'm
8 going to object and assert -- not just object,
9 I'm going to assert a privilege, a law
10 enforcement and prosecutorial privilege as to
11 that.

12 MR. ROMAN: We have a witness here
13 who has made a broad statement that people who
14 are overdosing on nonprescription opioids
15 started on prescription opioids, and I'm trying
16 to test that assertion, and you are precluding
17 me from doing so.

18 MR. LEDLIE: I'm not precluding you
19 from doing that. You asked him how he went
20 about getting that information. He's answered
21 your questions, but now you are getting into
22 how you actually build an individual case.

23 MR. ROMAN: Well, no. I'm trying
24 to figure out -- so I'll tell you exactly where
25 I'm going. It's no secret here.

1 What I'm trying to do is find out
2 whether this information is in reports. My
3 guess is if it is anything like Cleveland,
4 that's an overstatement as to how often this
5 fact shows up in these reports, and I'm just
6 trying to lay a foundation for that. I don't
7 think we have received the reports, which is a
8 different issue.

9 MR. LEDLIE: Reports of
10 investigations have been made available to you,
11 thousands of them. And he has already answered
12 that he doesn't always write down this piece of
13 information. So you have been allowed to
14 inquire into that, but I'm not going to
15 allow how he builds -- he was just going into
16 something as to how he builds the elements of a
17 crime and what goes into that. That I'm not
18 going to allow.

19 MR. ROMAN: Let me ask a different
20 question.

21 Q. Why do you ask -- you say you
22 always ask whether the person started on
23 prescription opioids?

24 A. I never use the word "always." The
25 majority of the time, yes, I ask that.

1 Q. Why do you do that?

2 A. To get a feel for the person, put
3 them at ease and start talking to them, as part
4 of the investigative technique to develop a
5 rapport.

6 Q. When you write it down that the
7 person started on prescription opioids, for
8 what purpose are you doing that?

9 MR. LEDLIE: Objection, and
10 privilege as to the purpose for which he would
11 write down a report of investigation, the
12 prosecutor's office, he already described. To
13 ask any further questions beyond that is
14 privileged.

15 Q. I apologize if I have already asked
16 this before, but generally, I know you don't
17 like the word "always," but generally, if
18 somebody tells you they started on prescription
19 pills in these reports and the investigations,
20 do you generally write that down?

21 A. Probably not.

22 Q. How often would you say?

23 A. Not very often.

24 Q. Can you give me a percentage of the
25 time that someone -- that folks have told you

1 that they started on prescription opioids
2 before turning to heroin and fentanyl and other
3 types of illicit opioids?

4 A. It would be a guess.

5 Q. So you don't know whether it is
6 more than 50 percent?

7 A. I would be guessing.

8 Q. Okay. So you don't know?

9 A. I could give my guess, but I don't
10 know if you want a guess.

11 Q. I don't want your guess.

12 A. Okay. No, I don't have a number in
13 my head where that is a certain percentage that
14 I think would be more accurate than another
15 percentage.

16 Q. You can't say whether it is more
17 than half or not, can you?

18 A. No, I cannot.

19 - - - - -

20 (Thereupon, Deposition Exhibit 11,
21 Designated Confidential, Multi-Page

22 ██

23 ██

24 marked for purposes of

25 identification.)

1 - - - - -

2 Q. Det. Leonard, I handed you --

3 MR. BENNETT: Counsel, before we
4 begin questions on this exhibit, the United
5 States would seek to have the majority of this
6 exhibit maintained as confidential and may have
7 some redactions.

8 [REDACTED]
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]

16 To the extent other questions may
17 be asked regarding the annual report or the
18 emails, we intend to request that remain
19 confidential, but you would be able to ask this
20 witness within the scope of his authorization

21 [REDACTED]
22 [REDACTED]
23 [REDACTED]

24 That is a DEA document and a
25 federal document, it contains federal

1 information that is subject to law enforcement
2 and other privileges.

3 MR. ROMAN: Let's see how much we
4 can get with this one.

5 Q. Det. Leonard, I'm handing you what
6 has been marked as Akron 00113527 -- I
7 misspoke.

8 Det. Leonard, I'm handing you what
9 has been marked as Exhibit 11, which is a
10 multi-page document bearing production numbers
11 Akron 001135275 through 5406.

12 Let me just first ask, have you
13 seen this document before?

14 A. Earlier today, yes.

15 Q. Not beforehand?

16 A. No, sir.

17 Q. You will see on the first page, the
18 center of this email, is an executive assistant
19 and training coordinator with the Ohio
20 H-I-D-T-A, HIDTA; do you see that?

21 A. Yes, sir.

22 Q. And you understand that to be a
23 acronym for the High Intensive Drug Trafficking
24 Area, correct?

25 A. That's correct.

1 Q. Have you had any involvement with
2 HIDTA?

3 A. I have had training in HIDTA, yes.

4 Q. What type of training?

5 A. That's where some of the
6 surveillance classes that we spoke of earlier
7 were conducted.

8 Q. Do you recall when those took
9 place?

10 A. No, sir.

11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]
17 [REDACTED]

18 MR. ROMAN: We are good with that.

19 MR. BENNETT: So far, assuming it
20 is within the scope of his authorization, he
21 can answer about questions on that page.

22 MR. ROMAN: Okay.

23 MR. BENNETT: Just so you know,
24 it's 5333 is where it starts that we have
25 issues.

1 Q. So this is a page -- page 288
2 appears within the 2017 annual report of HIDTA,
3 and you see the cover page on page 283, if you
4 want to go back to that.

5 A. I saw that page. Thank you.

6 Q. So this page has got -- the top
7 says HIDTA Threat Assessment And Strategy
8 Assessment; do you see that?

9 A. Yes, sir.

10 Q. In the second paragraph, it reads,
11 "In response to the 2017 Ohio HIDTA drug threat
12 survey and during the majority of interviews
13 conducted in 2017, law enforcement officials
14 identified opioids as the greatest drug threat
15 in the Ohio HIDTA region"; do you see that?

16 A. Yes, sir.

17 Q. If you go above that, to the first
18 paragraph, it say, "Fentanyl and its analogs
19 have become the primary drug threat in the Ohio
20 HIDTA region"; do you see that?

21 A. Yes, sir.

22 Q. And first of all, do you agree with
23 that statement?

24 MR. LEDLIE: Object to the form of
25 the question.

1 A. Yes, sir.

2 Q. And since when have, in your
3 mind -- I'm sorry.

4 Is this true today, that fentanyl
5 and its analogs are still the primary drug
6 threats in the Ohio HIDTA region?

7 MR. BENNETT: Objection. Scope.
8 To the extent that your personal opinion would
9 rely on nonpublic facts, you are not authorized
10 to answer.

11 To the extent that you have a
12 personal opinion that is based on public facts
13 or are non-DOJ information, you may answer.

14 A. I'm not going to be allowed to
15 answer that one.

16 Q. I think I know what is going to
17 happen when I ask about this, but before 2017,
18 did you have a view as to whether or not
19 fentanyl and its analogs had become the primary
20 drug threat in the Ohio HIDTA region?

21 MR. BENNETT: Objection. Scope.
22 Same instruction.

23 A. Again, all my information would
24 have come through as a TFO.

25 MR. BENNETT: Just so you are

1 aware, officer, if you obtain public
2 information as a TFO, you may answer based on
3 that public information.

4 THE WITNESS: Yes, sir.

5 Q. The next sentence on page 288
6 reads, "The primary source of the fentanyl
7 being transported and sold in Ohio is Mexican
8 DTOs"; do you see that?

9 A. I'm not sure which paragraph you
10 are in, sir.

11 Q. Still the first paragraph, second
12 sentence.

13 A. Okay.

14 Q. Do you see that now?

15 A. I do.

16 Q. DTO is an acronym for drug
17 trafficking organization?

18 A. That's correct.

19 Q. And do you agree or disagree with
20 that statement that as of 2017, the primary
21 source of the fentanyl being transported and
22 sold in Ohio was Mexican DTOs?

23 MR. BENNETT: Objection. Scope.
24 Same instruction.

25 A. My answer would be the same, that I

1 would be unauthorized to answer that.

2 Q. Could you please turn to the page
3 Bates stamped 336.

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 believe this witness -- and I'm going to
9 instruct this witness that he's not authorized
10 in the scope of his authorization to answer any
11 questions based on any official information he
12 has received from the Department of Justice and
13 his work as a task force officer.

14 Q. Are you going to follow that
15 instruction?

16 A. Absolutely.

17 MR. ROMAN: Why don't we go ahead
18 and take a lunch break.

19 (Recess taken.)

20 MR. WINKELMAN: On the record.

21 EXAMINATION OF PATRICK LEONARD

22 BY MR. WINKELMAN:

23 Q. Good afternoon, Det. Leonard.

24 A. Good afternoon.

25 Q. Before the break, you and my

1 esteemed colleague had been talking a little
2 bit about counterfeit drugs, and I think you
3 referred to them as pill presses; is that
4 right?

5 A. Some of the investigations that
6 were pill presses have been investigated, yes.

7 Q. And how would you define a pill
8 press?

9 A. A machine used to fabricate a pill.

10 Q. More generally, how would you
11 describe pill press operations?

12 A. I've seen pill presses that produce
13 one pill at a time and some that produce
14 multiple pills, but there is a die-cast in it
15 that when the press is activated, it would
16 create a pill to look like another pill, a
17 legitimate pill.

18 Q. Generally speaking, who operates
19 these pill presses?

20 A. Criminal element.

21 Q. Is it always a criminal element?

22 A. Well, if they are making illicit
23 drugs, yes.

24 Q. Are you aware of any of the
25 defendants in this case operating pill presses?

1 MR. LEDLIE: Object to the form of
2 the question.

3 A. No, I'm not.

4 Q. Would you agree that pill presses
5 have contributed to the opioid crisis or
6 epidemic?

7 A. Yes.

8 Q. Could you say what portion or do
9 you have an estimate of what portion of your
10 investigations involved pill presses?

11 A. It's a small percentages. I
12 couldn't give you a percentage, but it's -- I
13 don't spend a lot of time on pill presses.

14 Q. Under 50 percent then?

15 A. Yes.

16 Q. Under 25?

17 A. Yes.

18 Q. You mentioned several other forms
19 of diversion as well: pill theft, pill sharing,
20 prescription forgery; do you remember that?

21 A. Yes.

22 Q. Do those also involve criminal
23 elements?

24 A. Yes.

25 Q. And are you aware of the defendants

1 in this case engaging in any of those
2 activities?

3 MR. BENNETT: Objection. Scope.
4 To the extent that that calls on you to discuss
5 investigations you have done as a task force
6 officer, you are not authorized to answer;
7 otherwise, you may answer.

8 A. I guess I'm not authorized to
9 answer.

10 Q. Fair enough. Does the task force
11 monitor diversion or keep statistics on the
12 rate of diversion on either Akron or Summit
13 County or Northern Ohio?

14 MR. BENNETT: Objection. You may
15 answer regarding publicly disclosed.

16 A VOICE: Is anybody there?

17 MR. ROMAN: Sorry. We have only
18 been going a few minutes here, maybe four or
19 five questions, and we were on mute. I'm
20 sorry.

21 MR. BENNETT: And again, I'll state
22 my objection to the scope. You are not
23 authorized to disclose internal statistics that
24 DEA have produced to the task force. To the
25 extent that it is public or publicized, you may

1 answer.

2 Q. And to clarify, I'm only asking if
3 the statistics are kept, not what those
4 statistics are.

5 A. Either way, I don't supply
6 information towards the statistics or produce
7 any.

8 Q. You're not aware of any statistics
9 kept by the task force?

10 A. I'm not aware of any.

11 MR. LEDLIE: Object to the form of
12 the question.

13 Q. To the best of your knowledge, do
14 some of the diverted opioids that you
15 investigate or become aware of come from
16 outside of the Akron area?

17 A. Yes.

18 Q. What percentage would you say?

19 A. That would again fall under the
20 scope of my position as a task force officer.

21 Q. Are you aware of the percentage
22 though?

23 MR. BENNETT: Objection. You are
24 not authorized to answer any information
25 regarding nonpublic information you have

1 obtained as a task force officer.

2 Q. Again, I'm asking whether you are
3 only aware of that information, as
4 distinguished from not that that information
5 is.

6 MR. BENNETT: Understood, but the
7 fact of whether it exists or not is in and of
8 itself DEA DOJ information that he is not
9 authorized to disclose.

10 A. I'm going to refuse to answer.

11 Q. Understood. But is it your
12 understanding that some opioids, for example,
13 come from, say, Southern Ohio?

14 A. Yes.

15 Q. And surrounding states?

16 A. Yes.

17 Q. And from foreign countries?

18 A. As an Akron police officer prior to
19 becoming a task force officer, I don't know
20 that I've ever investigated any that have come
21 from legitimate -- if are we talking about
22 prescription medications from out of the
23 country.

24 Q. What about nonprescription
25 medications?

1 A. I don't know that I've had any
2 investigations on any investigations prior to
3 2012 that came from out of the country.
4 Prescription, scheduled, nonscheduled, I don't
5 know that I did any investigations.

6 Q. Have you had any investigations
7 that involve counterfeit drugs coming from
8 foreign countries?

9 A. Again, I'm not authorized to answer
10 that question, from my position.

11 Q. Do you have any knowledge -- do you
12 have any knowledge of drugs coming from foreign
13 countries, counterfeit or otherwise, that were
14 part of publicly filed and concluded
15 investigations?

16 A. I do not.

17 Q. And again, do you have any
18 knowledge of either the Akron Police Department
19 or the task force keeping any statistics on
20 foreignly imported prescription opioids or
21 nonprescription drugs or counterfeit drugs?

22 MR. BENNETT: Objection to the
23 scope. To the extent that it calls for
24 information regarding task force statistics
25 that are kept and not publicized, he is not

1 authorized to answer that question. Otherwise,
2 from the DEA's perspective, you may answer.

3 A. I don't have any information on
4 those records being kept or information on
5 those records.

6 Q. Do you yourself keep those type of
7 statistics?

8 A. No, sir.

9 Q. When does the task force or the
10 Akron Police Department decide to open a case,
11 or how do cases come to it?

12 A. We get different cases in various
13 ways. It can be a citizen calling, complaining
14 that a family member is being overprescribed by
15 a certain physician. We could get some of the
16 overdoses where the prescription bottles are
17 available at the scene of the overdose. We
18 have sources that provide information. There
19 is really no end way to say that someone
20 couldn't start a case. It's just how the
21 information is gathered or who sends it to us.

22 Q. What would you say is the most
23 common source of the case coming to you?

24 A. Gosh, I get them in so many
25 different, various ways, that I don't know if

1 there is a common one.

2 For the doctor shopper, it would be
3 a pharmacist calling me and saying that they
4 tried to put a prescription through, and it was
5 denied because another prescription had already
6 been filled on that insurance and someone was
7 doctor shopping.

8 Q. Have you ever received tips from
9 other government agencies or law enforcement
10 agencies?

11 A. Yes.

12 Q. Any other policies or procedures on
13 when you open a case or when you have received
14 enough information to begin an investigation?

15 MR. BENNETT: Objection. To the
16 extent that this calls for the internal
17 deliberative process of starting cases within
18 the DEA, you are not authorized to answer,
19 regarding any particular policies or
20 thresholds.

21 To the extent you can answer
22 generally, or non-DEA information, then the
23 scope doesn't apply in that situation.

24 MR. LEDLIE: As to the time period
25 prior to 2012 when you were working exclusively

1 for the City of Akron, I would join in the
2 objection, to the extent that any policy or
3 procedures of the police department on how to
4 investigate cases would fall into the police
5 officer privilege, police investigation
6 privilege.

7 MR. BENNETT: Generally speaking.

8 A. Generally speaking, I would open
9 cases. If I received a number of cases at the
10 same time within the same timeframe, I would
11 prioritize the cases and work the cases that
12 were more egregious than others, until I could
13 catch up with the lower-level cases.

14 Q. Did the types of sources you relied
15 on for cases change once you joined the task
16 force, moving from ATD to the task force?

17 A. I don't know if it really changed
18 or if we had -- because I was a task force
19 officer, I have access to additional
20 information that I wouldn't have had as an
21 Akron police officer.

22 Q. What type of information is that?

23 MR. BENNETT: Objection. That's
24 outside of the scope of his authorization. As
25 far as what information that he needed as a

1 task force officer to generate cases, he is not
2 authorized to answer that question.

3 - - - - -

4 (Thereupon, Deposition Exhibit 12,
5 Designated Confidential, Email
6 Chain, Subject: Expert Witness,
7 Beginning with Bates Label AKRON
8 [REDACTED]
9 of identification.)

10 - - - - -

11 Q. Det. Leonard, I'm handing you what

12 [REDACTED]

13 Det. Leonard, do you recognize this
14 document?

15 A. I do.

16 Q. I've handed you what has been
17 marked as Exhibit 12.

18 MR. BENNETT: This doesn't look
19 like the same tab. It doesn't look like tab
20 19.

21 MR. LEDLIE: This is an email dated

22 [REDACTED]

23 MR. WINKELMAN: Sorry. Tab 18.

24 MR. LEDLIE: Before you ask your
25 question, I have a -- this seems to go into

1 police investigation of a particular case, but
2 I guess I'll wait to hear what your question
3 is.

4 MR. BENNETT: And actually, before
5 we get to the question, the United States
6 intends to claw this document back. It
7 includes internal deliberations and prosecutory
8 information. It also includes information
9 protected by criminal rule 6(e), which is grand
10 jury information. So Det. Leonard will not be
11 authorized to answer any questions regarding
12 the particulars of contents of these emails.

13 MR. WINKELMAN: Do you intend to
14 claw this back in its entirety or provide a
15 redacted version?

16 MR. BENNETT: So, counsel, I don't
17 have a good answer for your question, and the
18 reason I don't have an answer is I haven't had
19 a chance to fully review the document. We just
20 received it this morning.

21 I understand this to be part of the
22 internal deliberations on prosecuting a
23 particular case and the use of expert witnesses
24 by the United States and by the detective, and
25 as a result, it is going to have to be vetted

1 before I know if it is going to be clawed back
2 in full or clawed back and redacted.


3 MR. WINKELMAN: Just to clarify,
4 there are portions of this email that are
5 pre-2012. I assume your objection does not
6 extend to those communications?

7 MR. BENNETT: It does extend to
8 those communications, because I believe this
9 case began as a joint case, and that the
10 communications with the expert, potential
11 expert were -- it was in a continuing course of
12 conduct that resulted in a federal case, is my
13 understanding. So we will have to review it.

14 MR. WINKELMAN: Well, we reserve
15 our -- your position is noted.

16 MR. BENNETT: Any portions of the
17 emails that were pre-2012, you will be able to
18 ask about, but I don't know enough about the
19 case to know whether any of that is going to be
20 implicated after 2012.

21 So at this point, he's not
22 authorized to answer any questions about the
23 contents of these emails, and we will certainly
24 be seeking some redaction, if not clawing back
25 the document in full.

1 Q. Well, just to get this on the
2 record, this is an email dated June 25, 2012,
3 
4 correct?

5 A. Yes, sir, that's correct.

6 Q. And the opening or the top email is
7 from your email address?

8 A. That's correct, from my Akron email
9 address.

10 Q. From your Akron Police Department
11 email address?

12 A. Yes, sir.

13 Q. Not your Department of Justice
14 email address?

15 A. That's correct.

16 Q. And I may have already asked you
17 this, but do you recognize this document?

18 A. Yes, sir, I do.

19 Q. And did you send this in the
20 regular course of your business?

21 MR. BENNETT: Objection. Beyond
22 the scope of his authorization. He's not
23 authorized to answer that question.

24 Q. Are you going to follow that
25 instruction?

1 A. Yes, I am.

2 Q. All right. We will move on.

3 MR. WINKELMAN: This one is tab 19.

4 - - - - -

5 (Thereupon, Deposition Exhibit 13,
6 Designated Confidential, 6-30-2014
7 Email Chain, with Attachment,
8 Beginning with Bates Label SUMMIT
9 001233671, was marked for purposes
10 of identification.)

11 - - - - -

12 Q. Det. Leonard, I've just handed you
13 what has been marked Exhibit 13.

14 A. Yes.

15 Q. Do you recognize this document?

16 A. I saw it earlier today.

17 Q. And this is an email from

18 Courtney --

19 [REDACTED]

20 [REDACTED]

21 number SUMMIT_001233671.

22 A. Correct.

23 Q. You were a recipient on this email?

24 A. Yes, I was.

25 Q. Did you receive this email in the

1 normal course of your business?

2 A. I did.

3 Q. Did you maintain it in the normal
4 course of your business?

5 MR. LEDLIE: Object to the form of
6 the question.

7 A. It was maintained in my email. I
8 didn't do anything special to maintain it.

9 Q. Do you have any reason to believe
10 this is not the same email you received?

11 A. I do not.

12 Q. Det. Leonard, this, to the best of
13 my knowledge, was not included in Akron's
14 document production. Do you know why that
15 would be?

16 A. I do not.

17 Q. Did you provide all your emails for
18 your attorneys to review when you were
19 collecting documents?

20 A. My secretary provided everything.

21 Q. And if I could direct your
22 attention to pages starting at 701.

23 A. Okay.

24 MR. BENNETT: So, counsel, since we
25 didn't see this document before this morning,

1 is that part of the Model Policy on the Use of
2 Opioid Analgesics, or is this something else?
3 701 comes after 700, but I don't know if it is
4 all the same document. It is all under the
5 same tab, but I don't know if it's all the same
6 document.

7 So to the extent that this is from
8 the state medical board, we don't have an
9 objection. To the extent that this is an
10 internal document regarding how investigations
11 are done, we would object to this witness
12 answering any questions about it, and we would
13 seek to have this clawed back if this is a DEA
14 document.

15 MR. LEDLIE: If it happens to be an
16 Akron document, we would have a separate
17 objection and clawback, because this seems to
18 go into the tools and techniques and red flags
19 to investigate positions, starting the 701.

20 I have no objection to the document
21 entitled Model Policy on the Use of Opioid
22 Analgesics.

23 Q. Det. Leonard, this document,
24 starting at 701, to the best of your knowledge,
25 is this part of the Model Policy on the Use of

1 Opioids and Analgesics in the Treatment of
2 Chronic Pain?

3 A. I don't believe it is.

4 Q. You believe it is a separate
5 document?

6 A. Yes, sir, I do believe it is a
7 separate document.

8 Q. Do you know what this document is?

9 A. Starting on 701?

10 Q. Yes.

11 A. This would be --

12 MR. LEDLIE: I'm going to instruct
13 the witness not to answer, if doing so would
14 discuss anything --

15 MR. BENNETT: Counsel, can we go
16 off the record and speak to the witness about
17 privilege issues outside the room?

18 MR. WINKELMAN: Yes.

19 (Pause.)

20 MR. WINKELMAN: Let's go back on
21 the record. Counsel, would you mind putting
22 that on the record.

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

1 MR. WINKELMAN: 701, I believe.

2 MR. BENNETT: What did I say?

3 MR. WINKELMAN: You said 71.

4 MR. BENNETT: 701 through 719,
5 ending numbers of 719.

6 After talking with the witness, we
7 are not able to determine the origin of this
8 document, and as a result, we do not have a
9 position at this point on whether it be clawed
10 back on not.

11 To the extent that it is a
12 Department of Justice or otherwise a federal
13 document, we will be seeking to claw that back
14 once we can determine that. To the extent it
15 is not a federal document, we don't have the
16 authority to claw it back; however, we will
17 instruct the witness that he is not authorized
18 to discuss any of the techniques in here or
19 confirm whether or not he does or uses any of
20 these techniques and whether he agrees with the
21 statements made in this document.

22 Q. Det. Leonard, do you recognize this
23 document, again starting at page 701?

24 A. I just saw it today, so I didn't
25 recognize it as previously seeing it, no.

1 Q. And this document appears to
2 describe -- it says, quote, "Here are some red
3 flags to look out for with respect to a
4 physician's medical practice"?

5 A. That's correct.

6 Q. So this appears to list things that
7 one would look for when investigating
8 physicians?

9 MR. BENNETT: Objection. To the
10 extent you are asking the officer to confirm
11 that that's what one would look for, you are
12 not authorized to answer the scopes and
13 techniques that you may use or confirm any of
14 the information at this time.

15 MR. WINKELMAN: I'm just asking at
16 this point what the document describes.

17 MR. BENNETT: Objection. He said
18 he had never seen the document before. I
19 object to the form of the question. The
20 document speaks for itself.

21 Q. You can answer.

22 A. I'm not authorized to answer at
23 this time.

24 Q. Prior to joining the task force,
25 are these the types of red flags you would use

1 to look or investigate physicians?

2 MR. LEDLIE: I would instruct the
3 witness that as to the tools and techniques of
4 his investigation of drug diversion cases
5 during his time for the City of Akron, that
6 under the police investigation privilege, he is
7 instructed not to answer that question.

8 If you can answer it from some
9 other source of information, you can do so.

10 A. I cannot answer it from any other
11 source of information, so I'm unauthorized to
12 answer at this time.

13 Q. Have you received similar docs
14 describing red flags for other forms of
15 diversion?

16 MR. BENNETT: Objection. To the
17 extent that it would be beyond the scope of
18 your authorization, that you received it as DOJ
19 information or DEA information.

20 Q. I'm just asking whether you
21 received he documents, not exactly what they
22 describe.

23 A. I still don't believe I'm
24 authorized to answer at this time.

25 A VOICE: Are we still waiting for

1 the witness to come back?

2 MR. ROMAN: Sorry. We were --
3 again, you missed about three or four minutes.
4 I'll take the fall again. I'm sorry. We won't
5 do it again, promise.

6 Q. Det. Leonard, in deciding whether
7 to investigate diversion or in the course of
8 investigating diversion, have you ever tried to
9 determine the total number of opioids being
10 prescribed to residents in Akron, Summit
11 County, or Cuyahoga County?

12 MR. BENNETT: Objection. Beyond
13 the scope of your authorization, to the extent
14 the calls for the investigations you've done as
15 a task force officer or information involved in
16 your investigation as a task force officer.

17 A. I'm unauthorized to answer that
18 question.

19 Q. And again, at this point, I'm just
20 asking whether you have tried to determine
21 those total numbers. I'm not asking what those
22 numbers are.

23 MR. BENNETT: Objection. Same
24 instruction. Beyond the scope of his
25 authorization, as far as what he did,

1 regardless of whether he tells you the results
2 of what he did.

3 A. Again, I'll follow the advice of
4 counsel.

5 Q. This might get the same response
6 then, but have you ever tried to compare the
7 number of opioids against the number of -- the
8 population of those cities or counties?

9 MR. BENNETT: Objection. Outside
10 the scope of his authorization, to the extent
11 that it calls for information he tried to
12 obtain as a result of his task force officer
13 investigation.

14 A. I'll try to answer.

15 Q. Understood. Would you agree that
16 there are reasons why the number of pills in an
17 area, even if they were greater or higher
18 relative to the local population, there might
19 be justification for that?

20 MR. BENNETT: Objection. To the
21 extent this calls for a personal opinion
22 regarding nonpublic facts or information you
23 acquired as part of the performance of your
24 duties as a task force officer, if you can
25 answer not relating on nonpublic facts or

1 information, then you may answer.

2 A. I'm not able to answer on nonpublic
3 facts and information.

4 Q. If there were a hospital located in
5 a county or a town with a relatively small
6 population, would it surprise you to see a high
7 volume of opioids distributed in that area?

8 A. I guess I would be curious as to
9 how high the volume would be. It could
10 and -- the answer is yes or no, based on, you
11 know, the facts and circumstances surrounding
12 it.

13 Q. Why might it not surprise you or
14 under what facts or circumstances would it not
15 be surprising to see a high ratio in a small
16 town that has a hospital?

17 MR. LEDLIE: Objection to the form
18 of the question. The hypothetical is improper.
19 Scope.

20 MR. BENNETT: I'll also remind you
21 of the scope, that you can't use nonpublic
22 facts or information to answer the hypothetical
23 opinion question.

24 A. Growing up in the Steel Valley, the
25 Youngstown area, there seems to be a high

1 percentage of women developing breast cancer.
2 I don't know if it has to do with the steel
3 mills. So different areas could generate
4 different medical conditions.

5 Q. Why would those medical conditions
6 or the prevalence of those medical conditions
7 lead to a higher volumes of opioids?

8 A. I think cancer leads to
9 prescriptions of opioids. So I'm saying there
10 could be a medical condition in some areas that
11 may lead to that.

12 Q. And in some of those cases, the
13 prescription of opioids would be medically
14 necessary?

15 A. In some, yes.

16 MR. LEDLIE: Object to the form of
17 the question. It calls for expert testimony.

18 Q. Det. Leonard, you had previously
19 testified, I believe, that prior to 2012, you
20 did not have access to the ARCOS database?

21 A. That's correct.

22 Q. Once you joined the task force, did
23 you obtain access to ARCOS?

24 MR. BENNETT: Hold on a second.
25 Okay. You can answer that.

1 A. I do have access to ARCOS. I don't
2 have -- use it personally, so if I wanted to
3 request a password for the ARCOS database, I
4 could have one, but I don't access ARCOS.

5 Q. Do you ever use ARCOS or the data
6 collected from ARCOS?

7 MR. BENNETT: Objection. To the
8 extent that this calls for you to disclose
9 investigative techniques, the effectiveness of
10 which would be impaired, you may not answer.
11 To the extent that it relates to your general
12 duties as a task force officer, you may answer
13 at a high, general level regarding your duties.

14 A. At a general level, I do have
15 access to information from ARCOS.

16 Q. But you don't have your own user
17 name and password?

18 A. I don't use it enough to have my
19 own user name and password.

20 Q. Someone else gives you that
21 information?

22 MR. BENNETT: You can answer that
23 question.

24 A. Yes.

25 Q. For what purpose?

1 MR. BENNETT: Objection. To the
2 extent that this calls for investigative
3 techniques, you may not answer. To the extent
4 it relates to your general duties as a task
5 force officer, you may answer regarding your
6 general duties.

7 A. It relates to investigative
8 techniques, so I'm not authorized to answer.

9 Q. Even generally speaking?

10 A. Yes.

11 Q. When did you start using ARCOS?
12 Did you use it right when you joined the task
13 force, or did it start later?

14 A. I believe I have only logged in one
15 or two times, and it has been several years
16 since. Somewhere in the middle, a couple years
17 after I was there. It isn't a database that a
18 new guy in the unit is going to jump in and
19 say, "Let me jump into ARCOS." I didn't know
20 it existed for a couple of years.

21 Q. A couple of years when you were on
22 the task force?

23 A. Yes. Still learning the systems
24 and learning the databases and learning the
25 different computer systems that the DEA

1 provided.

2 Q. Are you aware of anyone else at the
3 task force who uses ARCOS?

4 MR. BENNETT: Object. To the
5 extent it calls for investigative techniques of
6 the task force, you are not authorized to
7 answer. Regarding the general duties as a task
8 force officer, you can answer whether there are
9 general duties of people at the task force
10 generally who use ARCOS.

11 A. So the diversion investigators
12 normally use ARCOS, all agents and TFOs have
13 access to ARCOS. I don't believe most TFOs
14 typically use ARCOS.

15 Q. Do other members of the Akron
16 Police Department have access to ARCOS?

17 A. Not that I'm aware of.

18 Q. None of them do?

19 A. No, sir. Can I clarify that? We
20 do have other TFOs on the Akron Police
21 Department that are assigned to different parts
22 of the DEA. Whether they are on the other
23 teams and they, I'm sure, would have access to
24 some things, I'm not aware of. So there could
25 be someone else on the Akron Police Department

1 that has access. I'm not sure if they do or
2 not.

3 Q. So there are other members of the
4 Akron Police Department that are assigned to
5 other DEA task forces?

6 A. Yes.

7 Q. What task forces are those?

8 A. They are just assigned to the DEA
9 task force. I'm not sure that they all have
10 names. They are not part of the TDS.

11 Q. Do you have a general sense of what
12 other types of task forces they are or what
13 they are directed at?

14 A. The general DEA, and they work
15 illicit drugs. Whether it's the 3,000 foot
16 overview, investigating cartels, money
17 laundering, narcotics coming in from other
18 countries, they are assigned to those task
19 forces. They are not really task forces. They
20 are assigned to those teams of the DEA.

21 Q. Why wouldn't the task force member
22 use ARCOS?

23 MR. BENNETT: Objection. To the
24 extent that this calls for investigative
25 techniques, you are not authorized to answer

1 it. To the extent that you can answer at a
2 high level of general duties of task force
3 officers, you may answer.

4 A. I guess at a high level, we have
5 intelligence analysts that can run that
6 information for me, and then I can get that
7 information from them.

8 Q. So they can give you the data
9 that's available on ARCOS without you having to
10 access it?

11 A. Yes.

12 Q. Would it be more difficult to do
13 your job without ARCOS?

14 MR. BENNETT: Objection, to the
15 extent that it calls for you to disclose your
16 investigative techniques. You can talk about
17 your general duties. You may answer.

18 A. It's a good tool.

19 Q. You find it useful?

20 A. I can say it is useful, yes.

21 Q. Would your job be more difficult
22 without it?

23 A. Potentially, yes.

24 Q. It would potentially be harder to
25 identify diversion without ARCOS?

1 MR. LEDLIE: Object to the form of
2 the question.

3 A. I don't know that it would make a
4 huge difference. The majority of cases I have
5 worked over the last 22 years as a narcotics
6 detective I haven't used ARCOS. It's been
7 beneficial when it has been used, but it isn't
8 something that I rely on, that's bread and
9 butter that I have to have. Does that sound
10 fair enough?

11 Q. That sounds fair enough.

12 A. Okay.

13 Q. Det. Leonard, have you ever heard
14 the term "suspicious special order report"?

15 A. Yes, I have.

16 Q. In what context?

17 A. Something that would generate
18 possibly the investigation into why a party or
19 a -- if someone is receiving too much
20 medication, someone received shipments ahead of
21 time, if pharmacies were receiving more
22 medication than they needed or should have.
23 I'm not sure I am answering your question.

24 Q. Well, to start off, in your
25 experience, who drafts a suspicious order

1 report, who prepares them?

2 A. I don't know who prepares them. I
3 know I have seen a couple of emails reference
4 suspicious order reports in my employment from
5 the 3,000 foot of DEA. I have never had one
6 directed to me or had one assigned to me to
7 investigate. I know they exist, and I have
8 heard the term before.

9 Q. How have you received them?

10 MR. LEDLIE: Object to the form of
11 the question.

12 A. I'm not 100 percent sure. I
13 believe it was an email that listed a
14 suspicious order report, but, like I say, I
15 have had so many emails, it's not something I
16 would follow up on, so I wouldn't pay
17 particular attention to that email, that it's
18 going to be assigned to me.

19 I may assist somebody else, but
20 it's not going to be a case I'm going to open.

21 Q. You wouldn't follow up if you had
22 received a suspicious order report?

23 A. That email wouldn't have come to
24 just me. It would have gone to the whole unit
25 and other individuals, and it would have been

1 more than an information gathering, to let me
2 know that, hey, this is going on, your
3 assistance may be needed later to assist in
4 this.

5 Q. Would somebody else be responsible
6 for following up on a suspicious order report?

7 A. Yes, sir.

8 Q. Who would that be?

9 THE WITNESS: Am I allowed to say
10 who I think it would be?

11 MR. BENNETT: To the extent that
12 you can answer about the general operations of
13 the task force but not the specific
14 investigative techniques. So to the extent
15 that you can answer generally what happens, if
16 you know, then you may answer that.

17 A. Generally, I believe that would
18 fall under the diversion unit, and that's
19 separate from the TDS.

20 Q. This is a diversion unit with the
21 APD or with the --

22 A. No, no. We're talking about the
23 DEA.

24 Q. With the DEA?

25 A. Yes.

1 Q. Are there particular agents who
2 would be responsible for that?

3 A. There are diversion investigators
4 who would be responsible for that.

5 Q. What are their names?

6 A. I don't know. I don't believe I'm
7 at liberty to say their names.

8 MR. BENNETT: I was going to
9 object. It is beyond the scope of his
10 authorization. It's not something he's
11 authorized to discuss.

12 Q. So just to clarify, do you not know
13 or are you not authorized?

14 A. No. I know the agents' names, the
15 investigators' names. I don't believe I'm
16 authorized to say their names.

17 Q. But those agents would be
18 responsible for following up on suspicious
19 order reports?

20 A. Right. They are not agents, they
21 are investigators.

22 Q. What's the difference?

23 THE WITNESS: Am I allowed to say?

24 MR. BENNETT: You can answer that
25 question.

1 A. Agents are sworn law enforcement,
2 they carry guns and have arrest authority.
3 Diversion investigators do not have arrest
4 authority and do not carry sidearms.

5 Q. So these investigators would be
6 responsible for following up on suspicious
7 order reports?

8 A. Yes, sir.

9 Q. Det. Leonard, we are handing you
10 Summit County and City of Akron, Ohio Plaintiff
11 First Amended Responses and Objections to
12 Distributor Defendants' First Set of
13 Interrogatories.

14 MR. BENNETT: Do you have one more
15 for me?

16 MR. WINKELMAN: It should be tab
17 20.

18 Q. Det. Leonard, do you recognize this
19 document?

20 A. I don't believe I have ever seen
21 this before. This isn't our -- is this our
22 litigation for this event?

23 MR. LEDLIE: It's not the
24 complaint.

25 Q. It's not the complaint.

1 A. I don't know what this is. I've
2 never seen this.

3 Q. If I can direct your
4 attention -- do you have any reason to believe
5 that this isn't what it purports to be, which
6 is the city and the county's responses to
7 interrogatories?

8 A. I don't have any reason to believe
9 it's not what you say it is.

10 Q. If I can direct your attention to
11 pages 8 through 12.

12 These pages list pharmacies that
13 allegedly have suspicious orders of controlled
14 substances based on ARCOS data.

15 A. Okay.

16 MR. LEDLIE: Would there be a
17 confidential designation for this questioning,
18 to the extent it involves ARCOS data?

19 MR. WINKELMAN: Of course.

20 Q. Do you see this list of pharmacies?

21 A. I do.

22 Q. And before this litigation, were
23 you aware that these pharmacies had high
24 volumes of opioid orders?

25 MR. BENNETT: Objection. Scope.

1 To the extent that this calls for you to answer
2 regarding information you received or
3 investigations you did as a DEA task force
4 officer, you are not authorized to answer.

5 To the extent that it's information
6 you obtained prior to becoming a task force
7 officer or public officer, you may answer. You
8 also may answer if any of these individuals
9 have been charged and convicted of a diversion
10 crime.

11 A. So your question again, please,
12 sir?

13 Q. Were you aware that any of
14 these -- the pharmacies on this list had high
15 volumes before this case?

16 A. No. I never had any information
17 with reference to any volumes at any of the
18 pharmacies.

19 Q. Are you aware whether any of the
20 defendants filed suspicious order reports about
21 any of these pharmacies?

22 A. No. I never received suspicious
23 order reports as an Akron police officer prior
24 to 2012, and I'm unauthorized to answer after
25 2012.

1 Q. And are you aware whether any of
2 the defendants blocked orders to any of these
3 pharmacies or reported orders to the DEA as
4 suspicious?

5 A. Not information that was ever
6 provided to me.

7 Q. Do you have any idea why that
8 information would not have been provided to
9 you?

10 MR. BENNETT: Objection. To the
11 extent that this calls for the internal
12 deliberative process of the Department of
13 Justice, you are not authorized to answer.
14 Also to the extent that it calls for the
15 investigative techniques, you are not
16 authorized to answer.

17 A. I'm unauthorized to answer.

18 Q. Det. Leonard, during your last --
19 or the first deposition, you testified that you
20 started using OARRS, O-A-R-R-S, before 2012?

21 A. Correct.

22 Q. Have you since then?

23 A. Yes, sir.

24 Q. When?

25 MR. BENNETT: Objection. To the

1 extent -- this is beyond the scope of his
2 authorization. To the extent that that is a
3 technique that you use as a DEA task force
4 officer, you are not authorized to answer that
5 question.

6 A. I'm not authorized to answer.

7 Q. At a high level, what do you use it
8 for?

9 A. I'm not authorized to answer that I
10 use it, so I can't authorize if I did, what I
11 used it for.

12 THE WITNESS: Am I correct in that?

13 MR. LEDLIE: For the period of time
14 prior to 2012, at a very general level, without
15 revealing your case investigations, I think you
16 may answer that question for the period of time
17 that you were exclusively Akron.

18 A. I would use it to generate patient
19 profiles, which showed the person's name, the
20 pharmacy name, the number of prescriptions,
21 locations, the date they were filled, the date
22 they were written, and any dates that
23 overlapped on cash pay or insurance pay
24 patients.

25 Q. So did OARRS primarily contain

1 patient information then?

2 A. It did. It also contained
3 physician prescribing information. If you run
4 a physician OARRS, it would show all the
5 patients that a particular physician wrote
6 controlled narcotics to.

7 Q. So would you run both physicians
8 and patients through OARRS, depending on who
9 you were investigating?

10 MR. LEDLIE: As to the details of
11 any specific case, I instruct the witness not
12 to answer under the --

13 A. I run a physician OARRS if I was
14 investigating a physician.

15 Q. So if you were investigating a
16 particular patient, say, doctor shopping, you
17 might run the patient's name?

18 A. Yes.

19 Q. Do you ever use OARRS to check the
20 volume of medications dispensed by a pharmacy?

21 MR. LEDLIE: Objection and
22 instruction not to answer as to whether you use
23 OARRS to check the volume of medications, if
24 that is a tool and technique of an
25 investigative process.

1 A. There is limited access for law
2 enforcement to OARRS. Some of those search
3 engines can only be performed by personnel from
4 the Ohio Board of Pharmacy who manages the
5 OARRS account. I don't have access to do that
6 and I'm not sure if they do.

7 Q. So you have access to patient
8 information and physicians, but not pharmacies?

9 A. Correct.

10 Q. Does OARRS contain information
11 about pharmaceutical distributors?

12 A. Not that I'm aware of.

13 Q. Has OARRS, have you found it useful
14 in investigating diversion?

15 A. Yes.

16 Q. Would your job be more difficult
17 without it?

18 A. More time consuming.

19 Q. How so?

20 A. Prior to OARRS, I had to go to
21 every individual pharmacy, have the pharmacist
22 print a patient profile, and then I had to go
23 and enter it in an EXCEL spreadsheet and do
24 what OARRS did manually.

25 Q. So without OARRS, it would be more

1 difficult to detect diversion?

2 A. I don't know if difficult is the
3 right word. It wouldn't be any more difficult,
4 it would just be more time consuming to process
5 it.

6 Q. So it would take more time?

7 A. Yes, sir.

8 Q. It would take more effort?

9 A. Yes, sir.

10 MR. LEDLIE: Object to the form of
11 the question.

12 Q. So it would take more effort?

13 A. It would.

14 Q. It would take more resources?

15 A. Yes.

16 Q. So it would be more difficult;
17 wouldn't it?

18 A. Okay. Yes.

19 Q. Do you know whether any of the
20 defendants have access to OARRS?

21 A. I do not know that.

22 Q. To the best of your knowledge, do
23 they have access to OARRS?

24 A. It depends. In this litigation?

25 Q. In this litigation.

1 A. I have no idea if they have access
2 to OARRS. Wait. I guess I'm looking -- each
3 individual pharmacy -- a pharmacist does have
4 access to OARRS. A pharmacist can run a
5 patient and check OARRS. At a corporate level,
6 I don't know what they do, but individual
7 pharmacists do have access to OARRS.

8 Q. Individual pharmacists do, but you
9 don't know whether a pharmaceutical distributor
10 has access to OARRS?

11 A. Correct.

12 Q. But you would agree if they didn't
13 have access to OARRS, it would be more
14 difficult for them to detect diversion?

15 MR. LEDLIE: Objection to the form
16 of the question.

17 A. Are we talking about pharmacists?

18 Q. Any entity that didn't have access
19 to OARRS, it would be more difficult for them
20 to detect diversion?

21 A. Yes.

22 - - - - -

23 (Thereupon, Deposition Exhibit 14,
24 Designated Confidential, Email
25 Chain, Beginning with Bates Label

1 AKRON 000367833, was marked for
2 purposes of identification.)

3 - - - - -

4 Q. Det. Leonard, I'm handing you what
5 has been marked as Exhibit 14.

6 MR. LEDLIE: This document I
7 discovered today, and we are invoking
8 attorney-client privilege for Summit County as
9 to the communications between the prosecutor
10 and this officer about a case. So I'm
11 instructing you not -- I'm clawing this back,
12 and I would ask that this not be addressed at
13 this deposition.

14 MR. BENNETT: What was your exhibit
15 number?

16 Q. We will move on.

17 Det. Leonard, would it be fair to
18 say that there are bases to your
19 investigations?

20 That is sort of an unfair question.

21 MR. LEDLIE: Objection.

22 MR. BENNETT: To the extent that it
23 does not call for -- objection. Scope. You
24 are not authorized to answer the question, to
25 the extent that it calls for your law

1 enforcement investigative techniques. To the
2 extent that you can answer it generally or
3 outside the scope of your task force duties,
4 you may answer.

5 Q. Let me just break it up a little
6 bit.

7 At some stage you become aware or
8 get evidence or become aware of a case, and so
9 you open an investigation.

10 A. Okay.

11 Q. And then there is an investigation,
12 correct?

13 A. Yes.

14 Q. And if there is enough evidence,
15 there may be charges or an indictment?

16 A. Yes.

17 Q. And then if that moves forward,
18 there might be a conviction?

19 A. Correct.

20 Q. At what point in that process, if
21 at any point, where you have a suspected
22 diverter, do you notify, say, the board of
23 pharmacy or the Ohio Medical Board or the DEA
24 about that suspected diverter?

25 MR. BENNETT: Objection. Scope.

1 To the extent that it calls for your
2 investigative techniques, you are not
3 authorized to answer it. If you can answer it
4 regarding your general duties as a task force
5 officer or your practice outside of being a
6 task force officer, then you may answer it.

7 A. Anything I'm doing with the DEA I'm
8 going to have a case open and they are already
9 going to know about it. Unless it is a
10 pharmacy, a pharmacist, or something involved
11 in a pharmacy, I would not notify the pharmacy
12 board. Unless it is as medical professional, I
13 would not notify the medical board. So there
14 is no 3,000 foot overview.

15 If it is just a diversion case, it
16 would be processed through the courts and
17 handled appropriately.

18 Q. Let's take this one at a time. If
19 it did involve -- if your investigation did
20 involve a pharmacy, say, that was suspected of
21 oversupplying, at what point would you notify
22 the board of pharmacy?

23 MR. BENNETT: Objection. Same
24 instruction.

25 A. I'm trying to think of a way if I

1 could answer it.

2 Q. Let me ask it this way: When you
3 receive a tip about a suspected -- say a
4 suspected pharmacy, do you notify the board of
5 pharmacy at that point?

6 A. If I can confirm a tip -- I will
7 try to confirm or deny it first before I waste
8 their time. If I can confirm that it is a
9 legitimate tip and an investigation is needed,
10 then I will contact them and either ask for
11 their assistance or give them what I've got and
12 pass the case over to them.

13 Q. How do you confirm a tip before you
14 have begun an investigation?

15 MR. LEDLIE: Object to the form of
16 the question, and to the extent that that calls
17 for the deliberative process of your
18 investigation under the police officer law
19 enforcement privilege.

20 MR. BENNETT: And also object to
21 the extent that it relates to law enforcement
22 investigative techniques or internal
23 deliberations of DEA, you are not authorized to
24 answer the question. But if you can answer it
25 without disclosing techniques or the internal

1 deliberative process, then you can answer.

2 A. I cannot answer without disclosing
3 those techniques, so I'm going to not answer
4 that question.

5 Q. In the case of a physician, similar
6 question, at what point would you notify the
7 Ohio Medical Board of a suspected diverter?

8 MR. BENNETT: Objection. Same
9 instruction.

10 MR. LEDLIE: Objection. Same
11 instruction.

12 A. In the 3,000 foot overview, there
13 is no -- if we needed assistance, I would
14 contact them for assistance, whether it was
15 manpower, if we needed some. If not, then they
16 would find out when the case came to a close.

17 Q. In the meantime, what if anything
18 do you do to prevent that entity or suspected
19 entity from engaging in further diversion?

20 MR. LEDLIE: Object to the form of
21 the question, and to the extent that it goes
22 into your police investigative techniques and
23 tools, I'm going to instruct you not to answer
24 as to your time as a city employee.

25 MR. BENNETT: I'm also objecting.

1 Scope. You are not authorized to answer to the
2 extent that this question calls for
3 investigative techniques or the internal
4 deliberative process of the Department of
5 Justice, DEA.

6 A. So from the 3,000 foot, we would
7 conduct an investigation using all of our
8 different techniques, and if we are able to
9 produce enough evidence that it's something we
10 move forward on, then we would move forward
11 with charges.

12 Q. Is there anything you can do to
13 prevent that entity from, say, if it is a
14 pharmacy prescribing or a physician from
15 overprescribing while the investigation is
16 ongoing?

17 MR. LEDLIE: Object to the form as
18 hypothetical. To the extent you are asking
19 about individual cases, I'm going to instruct
20 the witness not to answer any investigative
21 techniques.

22 MR. BENNETT: Objection. Same.

23 A. I'm not going to be able to answer
24 that question.

25 Q. Once you completed an

1 investigation, do you make efforts to get the
2 board of pharmacy or the medical board to
3 withdraw or revoke the licenses of, say, a
4 pharmacy or a physician?

5 MR. BENNETT: Objection. To the
6 extent that it calls for you to talk about your
7 investigative techniques or your deliberative
8 process, you can't, if you can talk about your
9 general duties as part of your practice, then
10 you can answer.

11 A. Generally speaking, that wouldn't
12 be something that I would go to a medical board
13 or a pharmacy board for. If it's a case I'm
14 working, I would have that as part of something
15 I would discuss with my AUSA assigned to the
16 case. By AUSA, I'm talking about Assistant
17 United States Attorney.

18 Q. So you personally don't make
19 efforts or reach out to, say, the board of
20 pharmacy or the medical board to ensure that a
21 physician's, say, license was revoked?

22 MR. LEDLIE: I'm going to instruct
23 the witness not to answer as to any specific
24 case, but if you can answer the question
25 generally.

1 A. Generally, I have reached out to
2 those agencies to assist in revoking licenses.

3 Q. Do you know how long it generally
4 takes them to do that?

5 A. No, I don't have a timeframe for
6 you.

7 Q. How long does a typical
8 investigation last, one of your investigations?

9 A. I guess it depends on what it is.
10 If it's a doctor shopper, it could be done in a
11 couple weeks. If it's a physician, it could
12 take years.

13 Q. With a physician, say, what's the
14 average time?

15 A. It is going to be at least between
16 a year and two. Physician investigations don't
17 happen quickly.

18 Q. And what marks the beginning of the
19 investigation; is it getting the tip or getting
20 some -- getting the case from some other
21 source?

22 A. I guess the beginning of the
23 investigation would be when I start putting my
24 manhours or our unit starts putting our
25 manhours into the investigation. If someone

1 else had a case, if the pharmacy board had a
2 case for a year and then called us, my case
3 didn't start until they called us.

4 Q. So the case might not get opened
5 until, say, maybe sometime after you get your
6 first tip about the case?

7 MR. LEDLIE: Object to the form.
8 Misstates his testimony.

9 A. A lot of times when manhours are
10 put towards a case prior to the case initiation
11 being opened on the case, in my mind, that case
12 was still opened prior to the case initiation
13 being typed up and started, even though those
14 manhours were prior to the initiation on paper
15 of the case.

16 Q. But you marked the beginning of the
17 case is when you start putting manhours on it?

18 A. Yes, sir.

19 Q. And what marks the end of the case?

20 A. Normally conviction.

21 Q. And it is possible that you get a
22 tip well before you start putting manhours in
23 the case?

24 A. Yes, sir.

25 Q. And as you said, the diversion or

1 suspected diversion may have been going on for
2 some time before that even?

3 A. I expect it was going on sometime
4 before that. I don't get the tip the first
5 time someone diverts.

6 Q. Would it be fair to say that during
7 the course of your investigation then, any
8 delay in the investigation allows the diversion
9 to continue?

10 MR. BENNETT: Objection. You are
11 not authorized to answer that question
12 regarding the investigative techniques or the
13 specifics of the investigation.

14 A. I guess my best answer for that
15 would be that we continue to investigate. We
16 don't have one investigation open at a time.
17 So we can't control what people continue to do
18 while we are investigating.

19 Q. So they could continue diverting
20 prescription opioids while the investigation is
21 ongoing?

22 A. Potentially, yes.

23 Q. And in your view, have the board of
24 pharmacy and the medical board been acting
25 quickly enough to withdraw licenses of

1 physicians and pharmacies?

2 MR. BENNETT: Objection. Beyond
3 the scope of your authorization, to the extent
4 that that is nonpublic information you required
5 as a task force officer. To the extent that
6 you can answer with an opinion that does not
7 involve nonpublic Department of Justice task
8 force information, then you can answer.

9 A. I don't have any nonpublic
10 information on that, so I'm not going to be
11 able to answer that.

12 Q. This might get the same response,
13 but in your view, have the board of pharmacy
14 and the medical board, do they provide
15 effective oversight of physicians and
16 pharmacies?

17 MR. LEDLIE: Object to the form of
18 the question. Calls for a medical and
19 pharmaceutical degree, which he has neither.

20 MR. BENNETT: Objection. Same
21 response from me.

22 A. Decline to answer.

23 Q. On the basis of those instructions?

24 A. Yes.

25 Q. Not because you don't know?

1 MR. BENNETT: Objection. Beyond
2 the scope of his authorization, to the extent
3 that it calls for him to talk about knowledge
4 he has as a result of a task force officer
5 that's nonpublic.

6 A. I'm going to refuse to answer on
7 those grounds.

8 Q. Det. Leonard, do you have any sort
9 of metric or scale for, say, measuring the
10 magnitude of the cases you work on, or rating
11 them, comparing them against each other, say,
12 based on volume or number of prescriptions
13 written or something along those lines?

14 MR. BENNETT: Objection. Beyond
15 the scope of his authorization, to the extent
16 that it is calling for the internal
17 deliberative process of DEA regarding measuring
18 cases and thresholds. To the extent that you
19 can answer personally what you o, that's not
20 related to the DEA's internal deliberative
21 process, you may answer.

22 A. Prior to 2012, I would look at the
23 volume of prescriptions that were either forged
24 or overlapped, the number of pills that a
25 prescription was written for, the sheer volume

1 of some patients.

2 If those were -- if I had ten cases
3 and, you know, one of them only had two
4 overlaps and a Vicodin of 20 pills, it would
5 fall to the bottom the pile. So the higher
6 volume cases I would try to work first. I
7 didn't really have an official go-by sheet in
8 my head that I would categorize them, but I
9 would try to evaluate them as which ones were
10 more important and which ones were more
11 pressing at the time.

12 MR. LEDLIE: If we can take a
13 break. I need a break.

14 MR. WINKELMAN: Okay.

15 (Recess taken.)

16 MR. WINKELMAN: Back on.

17 Q. So before we continue, just to
18 create a record, I wanted to go back to what we
19 had introduced as Exhibit 12. It was a June
20 25, 2012 email, and our understanding is that
21 the United States has taken the position that
22 communications in this document, even those
23 that predate Patrick Leonard's joining the DEA
24 task force, so for example in 2011, are
25 nonetheless covered by the DEA's law

1 enforcement privilege, and that because this
2 later became a federal case, it is
3 retroactively covered by a privilege, and I'm
4 sure Mr. Bennett will correct me if that
5 misstates their position or clarify as
6 necessary.

7 MR. BENNETT: So let me clarify,
8 just slightly. This witness is not authorized,
9 so it is outside of the scope of his
10 authorization, to discuss specific
11 investigations or activities. Because it is my
12 understanding that this case ultimately became
13 a federal investigation and federal case, it's
14 beyond the scope of his authorization to talk
15 about that, regardless of whether he was a
16 deputized task force officer at the time of the
17 activities or not.

18 So that would be our position. So
19 he's not authorized under subsection A of his
20 authorization letter dated March 20, 2019.

21 MR. LEDLIE: And there was an
22 additional objection that the City of Akron had
23 as to that this discussion with an expert
24 witness about a case falls under the law
25 enforcement privilege, but a separate issue

1 than the DEA's.

2 MR. BENNETT: And there may be
3 privileges, and that's the reason why these
4 issues have to be vetted through DOJ and DEA
5 prior to the witness being authorized on behalf
6 of the United States, but what I'm saying is
7 I'm not asserting a specific privilege at this
8 point, I'm only asserting that he's not
9 authorized to talk about this under his
10 authorization letter, and that it may very well
11 be privileged.

12 MR. WINKELMAN: To clarify, both
13 Akron and DOJ are asserting that privilege,
14 that objection or position at this point,
15 despite this being a case that was publicly
16 filed and I believe led to a conviction,
17 correct?

18 MR. LEDLIE: The fact that it is
19 public -- you can ask him those questions, but
20 the contents of this email about his
21 communications with an expert is the source of
22 at least Akron's.

23 MR. BENNETT: And he is authorized
24 to identify individuals who -- including
25 physicians, who were charged and convicted of

1 diversion-related offense, but if you want to
2 ask him if the doctor was charged and convicted
3 and the nature of those charges and
4 convictions, he can answer that, but the
5 individual activities or his investigation of
6 that charge specific to those investigations he
7 is not authorized.

8 MR. WINKELMAN: So he cannot
9 testify as to, in your position, cannot testify
10 as to how he acquired that case and what he did
11 in the course of the investigation?

12 MR. BENNETT: Correct. My position
13 would be he's not authorized to answer those
14 questions. How he acquired the case or what he
15 did once he acquired the information, that's
16 beyond the scope of his authorization.

17 MR. WINKELMAN: Understood.

18 Q. Thank you for your patience, Det.
19 Leonard.

20 A. No problem.

21 Q. I believe when we concluded, you
22 had just been mentioning a little bit or
23 discussing a little bit about prioritizing your
24 cases based on which ones appeared to be higher
25 volume, and I just wanted to clarify -- well,

1 first of all; is that accurate? Do you
2 remember that testimony?

3 A. Yes, and that is accurate.

4 Q. As I understood it, you said that
5 was pre-2012. To the extent you are able to
6 do -- also do that same sort of measurement or
7 ranking post 2012, once you joined the task
8 force?

9 MR. BENNETT: Objection. Beyond
10 the scope his authorization, to the extent it
11 would disclose the internal deliberative
12 process of the DEA.

13 To the extent you can answer about
14 your personal choices, unrelated to the
15 internal deliberative process of the DEA, you
16 can answer.

17 A. I don't have authorization to
18 answer that question.

19 Q. But pre-2012, you did engage in
20 that type of ranking or prioritization?

21 A. I would prioritize cases, yes.

22 Q. Based on volume?

23 MR. LEDLIE: Object to the form of
24 the question.

25 A. Yes, volume was one of the

1 ingredients I used to prioritize cases.

2 Q. What are the other ingredients?

3 MR. LEDLIE: Objection. Asked and
4 answered.

5 A. If I answer that more, it is
6 telling you how I did my cases, how I decide it
7 would be part of my case investigations.

8 Q. When you say higher volume, volume
9 based on what, volume of pills, volume of
10 prescription, or some other measure?

11 A. A combination of both. Whether it
12 is the number of total prescriptions or number
13 of total pills that were on the prescriptions.

14 Q. Based on that measurement, what is
15 the biggest opioid case you have ever worked
16 on?

17 A. I have no idea.

18 MR. BENNETT: Objection. To the
19 extent that it calls for investigation and
20 activities you have done as a task force
21 officer. If you are asking him pre-2012, then
22 I don't have an objection, or if it is a
23 publicly filed case that resulted in a
24 conviction, you may answer the biggest
25 conviction that you have received in a case you

1 were involved in.

2 A. Probably the biggest conviction was
3 the Dr. Harper case, where he pled guilty and
4 was sentenced to 12 years in federal prison.

5 Q. To go back for one moment, I asked
6 what the other ingredients you used to
7 prioritize your cases were, and you said that
8 your answer would be telling how you did your
9 cases, how you decide would be part of your
10 case investigation.

11 I just want to clarify. Are you
12 saying you don't know the answer to that
13 question, or are you saying that it is
14 following your counsel's instruction not to
15 answer that question?

16 A. I'm following my counsel's
17 instruction on investigative techniques and how
18 the cases are decided.

19 Q. Thank you.

20 You mentioned a Harper case, or the
21 Dr. Harper case was among the convicted cases
22 or cases that ended in convictions was one of
23 the largest you worked on. Do you recall any
24 others?

25 A. Dr. Gregory Ingram pled guilty to,

1 I think it was, 48 counts of trafficking. I'm
2 just trying to make sure in my head which ones
3 were convicted and which ones are still open.
4 So I'm not sure which ones have been closed
5 yet. So I apologize for not --

6 Q. Take your time.

7 A. Dr. Heim is closed. I don't know
8 what his sentencing guidelines were. That's
9 probably all I can tell you right now.

10 Q. Were those all pharmacist cases?

11 A. I don't know what you mean by
12 pharmacist cases. Those are physicians.

13 Q. Sorry. These are all physician
14 cases, physicians who allegedly were
15 overprescribing?

16 A. Yes. Not necessarily
17 overprescribing, but some were illegally
18 prescribing.

19 Q. Writing false prescriptions?

20 A. Yes, sir.

21 Q. Where did these cases occur?

22 A. Those were federal cases, so they
23 were where the 9th District Court of the United
24 States, Northern Ohio.

25 Q. What drugs are being converted in

1 those cases?

2 A. Let's see, OxyContin, oxycodone,
3 Vicodin, Xanax. Those were in all the cases.
4 At the time it was primarily Vicodin.

5 Harper was the OxyContin,
6 oxycodone, Xanax, Vicodin, Demerol. Morphine,
7 I believe, was in the Harper case. Mostly
8 Percocet for Dr. Ingram.

9 Q. Who is responsible for
10 investigating that type of diversion, as a
11 general matter?

12 MR. LEDLIE: Object to the form of
13 the question. Vague.

14 A. It would fall into a couple
15 different places. The Harper investigation
16 started with myself and a member of the board
17 of pharmacy. Dr. Ingram started with the City
18 of Akron. Dr. Heim was a federal case. Just
19 on where the referral comes from and who they
20 go to.

21 Q. Do you maintain, based on this
22 metric you have provided about higher volume
23 cases and lower volume case, let's start with
24 pre-2012, did you maintain a record or any sort
25 of written report or summary of the cases that

1 you ranked by volume?

2 A. No, I did not. Those cases I was
3 talking about volume were doctor shoppers.
4 Those were all doctor shopper cases that I was
5 referring to.

6 Q. Not physician cases?

7 A. No.

8 Q. And again, did you maintain any
9 sort of record of those cases you measured by
10 volume?

11 A. No.

12 Q. Post 2012, did you keep any sort of
13 record like that?

14 A. No.

15 MR. BENNETT: Objection. Outside
16 the scope of his authorization, to the extent
17 that it calls for the activities as the DEA
18 TDS. Otherwise, you can answer.

19 MR. LEDLIE: He did. He said no.

20 Q. Have you participated in any
21 programs to combat the opioid epidemic or
22 crisis, whichever you prefer, other than
23 criminal investigations and prosecutions?

24 A. I'm a member of the Summit County
25 Opiate Task Force.

1 Q. What is that?

2 A. It is a group of individuals that
3 get together and meets, and there is mental
4 healthcare workers, there is county workers,
5 the Summit County judges, investigators get
6 together to try to brainstorm and find ideas to
7 help curb the problem.

8 Q. How long have you been a member of
9 that group?

10 A. Probably about a year now. Maybe a
11 little over that.

12 Q. Do you know how long it has
13 existed?

14 A. No, I do not.

15 Q. Does it have a budget?

16 A. I don't know.

17 Q. Does it expend any resources on
18 programs or things like that or provide other
19 programs to others?

20 A. All the programs offered are
21 through the county, so they are -- I don't know
22 what everybody's individual budget is. I know
23 that judges show up on -- you know, these are
24 Monday to Friday, 8:00 to 5:00, so everyone is
25 on the city or county dime when they are there,

1 so no one is incurring additional expenses. I
2 don't know if they have a budget assigned to
3 that group or not.

4 Q. What is that group's purpose or
5 mission?

6 A. The Summit County drug initiative
7 for opiates, so I'm sure the goal is to protect
8 the citizens of Akron and get those that need
9 help.

10 Q. I guess one way of putting this is
11 if they appear to have meetings on a regular
12 basis, but don't offer programs, so what
13 exactly --

14 A. I didn't say they don't offer
15 programs. I said I don't know what programs
16 they offer if they do, and I don't know what
17 their budget is if they have one.

18 Q. So they might offer programs, you
19 are just not aware?

20 A. Correct.

21 Q. Who else is involved in that task
22 force?

23 A. The judges, there is the Summit
24 County Health Department, other law enforcement
25 agencies.

1 Q. Which agencies?

2 A. The Cuyahoga Falls Police
3 Department, I know I have seen the chief of
4 police, Chief Davis there at those meetings.

5 Q. Which judges are there?

6 A. Judge Joy -- Judge Joy -- I can't
7 think of her last name. Normally it is the
8 drug court judges that interact with a lot of
9 the defendants in drug cases.

10 Q. Has that task force been
11 successful?

12 A. I don't know what the results are.

13 Q. Has there been any measurement of
14 its results?

15 A. Not that I'm aware of.

16 Q. I think I just have a few more.
17 Det. Leonard, do you use email in
18 your work?

19 A. I do.

20 Q. How many email addresses do you
21 have?

22 A. Two.

23 Q. Is one of them

24 [REDACTED]

25 A. Yes.

1 [REDACTED]
2 usdoj.gov?

3 A. Yes.

4 Q. No other email addresses?

5 A. No. Those are my work. There is a
6 shortened one for the DEA internal, I think,
7 but it's the same email.

8 Q. What do you mean by that, a shorter
9 one?

10 [REDACTED]
11 [REDACTED]
12 to the same email address, it's just written
13 different.

14 Q. Do you delete old emails?

15 A. Some, yes. None since this case
16 started.

17 Q. How old are your oldest emails?

18 A. I don't know. When I log in, I
19 read the new emails. I don't go back and read
20 old emails.

21 Q. You don't know how far back they
22 go?

23 A. No.

24 Q. Have you submitted all of your
25 potential relevant emails to counsel for

1 review?

2 A. My secretary submitted everything.

3 Q. Did you personally review those?

4 A. I did not.

5 Q. Do you use a cellphone for work?

6 A. I do.

7 Q. And do you send text messages for
8 work?

9 A. Sometimes, yes.

10 Q. Did you make your messages
11 available to counsel so they could review your
12 text messages?

13 A. No, I did not.

14 MR. WINKELMAN: I think we are
15 ready to take a break.

16 (Pause.)

17 EXAMINATION OF PATRICK LEONARD

18 BY MR. MOYLAN:

19 Q. Det. Leonard, my name is a Daniel
20 Moylan for the CVS defendants. I'm going to
21 have just a few questions about the Dr. Harper
22 investigation, and I can represent that I've
23 had a chance to review the exhibits that I plan
24 to use with counsel for the government,
25 Mr. Bennett and his colleague at the DEA, and I

1 think we have reached an agreement that at
2 least with respect to the federal government's
3 objections, some of the things we have heard
4 today that they do not object to these points,
5 but if there are further --

6 MR. BENNETT: In other words, there
7 were certain documents that you showed us that
8 we did object to. It's my understanding you
9 are not using those?

10 MR. MOYLAN: Correct.

11 MR. BENNETT: The documents that we
12 did indicate to you that we did have objections
13 on behalf of the DEA, there were some of those
14 as well. Assuming you show him the ones we had
15 no objection to, that would be our position,
16 but if something comes up as we are going
17 through, if there is a misunderstanding, we
18 will let you know.

19 MR. MOYLAN: Sure. Thank you.

20 MR. LEDLIE: For the record,
21 counsel has not shared any of these with me.
22 So we will be dealing with them as we go
23 through them.

24 MR. MOYLAN: Right.

25 Q. So I'm going to start with Exhibit

1 15.

2 - - - - -

3 (Thereupon, Deposition Exhibit 15,
4 2014 Final Rule Rescheduling of
5 Hydrocodone Combination Products
6 from Schedule III to Schedule II,
7 was marked for purposes of
8 identification.)

9 - - - - -

10 Q. There were just a few questions in
11 your prior deposition about the rescheduling of
12 hydrocodone combination products. I know it's
13 been a while, but do you remember you were
14 asked a little bit about that in your prior
15 deposition?

16 A. I do.

17 Q. And you may have indicated that you
18 believe that that took place sometime in 2008?

19 A. Yeah. I believe it was like
20 October, if my memory serves me correctly.

21 Q. Right. What I wanted to do is go
22 through this exhibit and see if this may
23 refresh your memory as to when this scheduling
24 occurred.

25 It's a little bit hard to read, and

1 I apologize for that, but this is a document
2 that is the final rule for the rescheduling of
3 hydrocodone combination products from schedule
4 III to schedule II.

5 As you look through the document,
6 do you see the indication that this is the
7 final rule for that rescheduling?

8 A. Yes, sir, I do.

9 Q. And in the first sentence under the
10 heading Summary, the document speaks that,
11 "With the issuance of this final rule, the
12 Administrator of the Drug Enforcement
13 Administration reschedules hydrocodone
14 combination products from schedule III to
15 schedule II of the Controlled Substances Act";
16 do you see that?

17 A. Yes, sir.

18 Q. And do you see that the effective
19 date for this rule is October 6, 2014?

20 A. Yes, sir, I do.

21 Q. Does that refresh your recollection
22 as to the timeframe when hydrocodone
23 combination products were rescheduled?

24 A. Yes, sir.

25 Q. That's all with that.

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(Thereupon, Deposition Exhibit 16,
Designated Confidential, 9-25-2010
Email, Bates Label AKRON 001142381,
was marked for purposes of
identification.)

- - - - -

Q. I just handed you what has been
marked as Exhibit 16. This is an email chain
from a person named -REDACTED-, to
you dated September 25, 2010. Does this look
like a document that you have seen before
today?

A. Yes, sir.

Q. And do you recall receiving this in
connection with your work as an Akron police
detective?

A. I do. I couldn't tell you the
exact time I remember seeing it, but, yes.

MR. LEDLIE: This appears to be a
confidential tip from a pharmacist, and it
should be clawed back under the police
investigation privilege.

MR. MOYLAN: Now, with respect to
that request, or the indication that you would

1 like to claw this back, would there be -- let
2 me ask the witness first, if I can.

3 Q. Is this a person who you regard as
4 a confidential source?

5 MR. LEDLIE: I would instruct -- I
6 would instruct the witness that he can answer
7 whether it is a source. Whether or not they
8 are confidential, I think is irrelevant to the
9 privilege of law enforcement.

10 A. Yes, -REDACTED- is a source.

11 Q. Okay. Without going into specifics
12 about that individual, you can confirm from the
13 information that you are looking at that he is
14 a pharmacist?

15 MR. LEDLIE: I would ask that you
16 not use this document to answer that question,
17 but if you have an independent recollection of
18 his status, then you can, but I'm clawing back
19 this document and I don't think there should be
20 any questions about this document. If you want
21 to ask about the subject matter, go ahead.

22 MR. MOYLAN: I think what we might
23 want to do is the possibility of redacting
24 information to the extent it concerns a
25 confidential source, if you have an opportunity

1 to confirm that it is a confidential source.

2 MR. LEDLIE: It doesn't matter to
3 me whether it is confidential or not. This is
4 the details of an investigation, the tools and
5 techniques of his craft, and I believe it is
6 privileged under the law enforcement privilege.
7 So I don't think that --

8 MR. MOYLAN: So to confirm, your
9 position is that the receipt of an email from a
10 third party is a technique used by law
11 enforcement?

12 MR. LEDLIE: A source, a source of
13 information about a potential diversion case,
14 yes, absolutely.

15 MR. MOYLAN: To the extent it
16 concerns a confidential source, I think we
17 would be amenable to the redaction of the name,
18 but to suggest that this is a technique used by
19 law enforcement, we would disagree with that.

20 MR. LEDLIE: Your position is
21 noted.

22 Q. In connection with the
23 investigation of Dr. Harper, in general, do you
24 believe that you received tips from pharmacists
25 about his prescribing practices?

1 MR. BENNETT: Objection. Beyond
2 the scope of his authorization. The Dr. Harper
3 investigation and prosecution was a federal
4 case, and under his authorization letter, he is
5 not authorized to disclose any information
6 regarding any investigations or activities.

7 So to the extent it relates to Dr.
8 Harper, he is not authorized to disclose
9 activities and investigations.

10 MR. MOYLAN: Let me clarify,
11 because I think that the number of the
12 documents that we have reviewed together
13 earlier, including this document, do reflect
14 tips from pharmacists, and I had understood
15 that the government did not have an objection
16 to the extent that those tips were prior to the
17 Det. Leonard's work on the TDS.

18 So let me limit the scope of my
19 question to detective work for the Akron Police
20 Department before February 2012.

21 MR. BENNETT: And counsel, I'm not
22 sure I understood, and this was probably my
23 fault, that it was the Dr. Harper
24 investigation.

25 I understood you saying that he had

1 received tips, and again it may be my
2 misunderstanding, that he had received tips
3 about pharmacists prior to 2012, which I did
4 tell you that we didn't have a position on
5 because it was prior to 2012.

6 If, however, they were tips that
7 related to a federal case, which is what Dr.
8 Harper was, then that would be the -- even
9 though it was prior to him joining the task
10 force, it would still be the investigation and
11 activities of a federal case, and as a result,
12 he is not authorized at this time to answer any
13 questions about that investigation.

14 MR. MOYLAN: I think every document
15 that we reviewed concerned the Dr. Harper
16 investigation, with the exception of several,
17 and all of them I thought we were clear
18 involved activities before Det. Leonard joined
19 the TDS. So that's significantly different
20 than what I think we discussed earlier.

21 MR. BENNETT: Counsel, may we take
22 a moment with you off the record and look at
23 those again?

24 MR. MOYLAN: Sure.

25 (Recess taken.)

1 MR. MOYLAN: Back on the record.

2 Just another brief statement. We
3 have had a chance to confer with counsel for
4 the government and counsel for the plaintiffs,
5 and I think we have reached an accommodation
6 with respect to some of the documents that we
7 are going to review.

8 In essence, what we talked about
9 with respect to these exhibits is redacting the
10 names of individual persons who came forward as
11 part of the Harper investigation prior to 2012,
12 and otherwise, the information on the documents
13 would not be redacted or clawed back.

14 If I am under a misconception with
15 respect to that, as we go through them, we will
16 discuss it again as need be, but that's my
17 understanding of the concept that we agreed to.

18 MR. BENNETT: That is correct. The
19 only thing the government would add is that he
20 can confirm whether or not he received this
21 information, but that he will not be talking
22 about any subsequent activities or what he did
23 as a result of it or how it relates to any of
24 his investigations of Dr. Harper.

25 MR. MOYLAN: And that is correct.

1 I agree with that.

2 MR. LEDLIE: I have not seen all
3 the documents. Conceptually, I believe we have
4 an understanding, but we will just have to look
5 at the documents where you are going.

6 MR. MOYLAN: Understood.
7 Understood. With respect to Exhibit 16, I
8 think subject to what we discussed, this
9 document would not be clawed back, but we would
10 redact names as appropriate within the email.

11 Q. My question is, can you confirm
12 that you did receive a complaint from a
13 pharmacist at the location indicated on the
14 email in or around September 2010 concerning
15 Dr. Harper's prescribing practices?

16 A. Yes, sir, I did.

17 - - - - -

18 (Thereupon, Deposition Exhibit 17,
19 Designated Confidential, 11-05-2010
20 Email, Bates Label AKRON 000368237,
21 was marked for purposes of
22 identification.)

23 - - - - -

24 Q. I just handed you what has been
25 marked as Exhibit 17. This is another email

1 that appears to be from -- well, it appears to
2 be an exchange between you and another
3 individual, based on the last email, the one
4 earliest in time, it ends with a -REDACTED-. That
5 email appears to be from November 5, 2010.

6 As you look through the content of
7 this, does this appear to be another complaint
8 with respect to Dr. Harper that you received
9 from a pharmacist?

10 MR. LEDLIE: Before you can answer
11 that, I have no objection to that question with
12 respect to the email dated 8:27 a.m. I do
13 believe that his response should be redacted in
14 its entirety under the police investigation
15 privilege.

16 MR. BENNETT: We also believe this
17 is beyond the scope of his authorization to
18 answer any questions about the first part of
19 that email, his response.

20 MR. MOYLAN: I'm going to reserve
21 on that, but I understand the position.

22 Q. Just starting with the bottom
23 email, can you confirm that this appears to
24 have been a complaint received from a
25 pharmacist concerning Dr. Harper's prescribing

1 practices?

2 A. Yes.

3 - - - - -

4 (Thereupon, Deposition Exhibit 18,
5 Designated Confidential, 4-11-2011
6 Email, Bates Label AKRON 001142386,
7 was marked for purposes of
8 identification.)

9 - - - - -

10 - - - - -

11 (Thereupon, Deposition Exhibit 19,
12 Harper Search Warrant, was marked
13 for purposes of identification.)

14 - - - - -

15 Q. I'm going to show you two exhibits
16 now together, and I can represent for the
17 record that these came to us as an email with
18 its attachment. So I'm going to hand you both
19 together. I'm marking them separately. It
20 will be Exhibits 18 and 19.

21 My first question is really just a
22 confirmation of something that we discussed off
23 the record among counsel and the witness, but
24 in looking at the email and the attached -- the
25 attached warrant, it is a warrant affidavit

1 actually, a search warrant affidavit, does this
2 appear to be a document that you recall seeing
3 before today?

4 A. Yes, it is.

5 Q. And does this email and search
6 warrant and the evidence relate to the
7 investigation of Dr. Harper?

8 A. It does.

9 Q. And do you understand that this
10 warrant or this affidavit was in support of a
11 state search warrant?

12 A. It was, but to be specific, this is
13 not an affidavit for the search warrant. This
14 was a rough draft by Agent Tom Miksch that was
15 sent to me. This is not what was typed by me
16 and given to a judge as an affidavit. Part of
17 this information is in there, but this is not
18 the actual affidavit that was turned in.

19 Q. Right. Understood. That makes
20 perfect sense. And actually, if you wouldn't
21 mind, I want to replace the version that's
22 going to be in the record with a clean copy. I
23 apologize for giving you my version.

24 MR. LEDLIE: And, counsel, to be
25 clear, the identity of the individuals will be

1 redacted in this or not?

2 MR. MOYLAN: Yes. I think that's
3 fair.

4 Q. And just on the draft search
5 warrant affidavit, I would like to direct your
6 attention to the third paragraph from the
7 bottom that begins, "Statement to affiant by
8 agent Thomas Miksch"; do you see the
9 paragraph --

10 A. Yes, sir.

11 Q. -- that I'm referring to.

12 And do you see in that first
13 sentence that I was reading from, a statement
14 that, "On January 4, 2011, Miksch personally
15 spoke with -REDACTED-, a licensed pharmacist
16 in the State of Ohio, regarding Dr. Adolph
17 Harper MD, a prescriber in Akron, Ohio"; do you
18 see that?

19 MR. LEDLIE: Counsel, I requested
20 and now move to strike that. If you could
21 reask the question leaving out the identity of
22 the pharmacist, her name.

23 MR. MOYLAN: That's fine. I
24 apologize. Let me -- we will strike that or
25 remove it from the deposition record, as we

1 can.

2 Q. But my question to you is: Is this
3 consistent with your understanding of the
4 investigation with Agent Miksch regarding a
5 pharmacist by this name who came forward on or
6 around January 4, 2011?

7 MR. BENNETT: Objection. Beyond
8 the scope of his authorization. To the extent
9 that are asking about his activities or his
10 knowledge of the investigation, he can answer
11 whether or not he is aware of the named
12 pharmacist providing information, providing a
13 tip.

14 A. I'm aware that -REDACTED- is a
15 pharmacist and -REDACTED- did provide a tip.

16 MR. LEDLIE: Let's just redact it.
17 A pharmacist.

18 A. I'm sorry. A pharmacist.

19 Q. Without referring to the name, try
20 to remember that caveat, but without referring
21 to -REDACTED- name again, do you know where this
22 individual pharmacist worked?

23 A. I do.

24 Q. And where was that?

25 A. -REDACTED- worked at the Rite Aid Pharmacy

1 on Kenmore Boulevard in Akron.

2 Q. Thank you. If I could direct your
3 attention to the next page, in the middle of
4 that page is a long paragraph that indicates
5 that on March 15, 2011, Agent Miksch met with
6 another individual, who is indicated as being a
7 licensed pharmacist in the State of Ohio,
8 regarding information about Dr. Harper; do you
9 see that?

10 A. I do.

11 Q. And can you verify that this named
12 individual is also a licensed pharmacist who
13 came forward as part of the Harper
14 investigation?

15 A. Yes, I can.

16 Q. And do you know where this
17 individual worked?

18 A. I do.

19 Q. And where was that?

20 A. [REDACTED] on [REDACTED]
21 [REDACTED] in Akron.

22 Q. Do you -- strike that. That's
23 enough for that.

24 - - - - -

25 (Thereupon, Deposition Exhibit 20,

1 Spreadsheet From the Ohio Board of
2 Medicine, was marked for purposes of
3 identification.)

4 - - - - -

5 Q. So with respect to Exhibit 20, I
6 can represent to you that this is a spreadsheet
7 that, based on an email, which we will not be
8 showing you today, that this -- that this chart
9 purports to be from the Ohio Board of Medicine,
10 and my question is, do you remember seeing this
11 document before today?

12 A. I do not.

13 Q. Do you see -- and again, consistent
14 with the conceptual agreement, we will be
15 redacting names of individual pharmacists and
16 patients from this document, but I have a few
17 questions about other points.

18 As you look through the information
19 in the comment section on the right column, do
20 you see in the top third there is a reference
21 to Ritzman Pharmacy will no longer fill Harper
22 Rx's?

23 A. Yes.

24 Q. And do you see that that note is
25 indicated as having been entered on or around

1 December 15, 2010?

2 A. Yes, that's correct.

3 Q. Do you recognize the name of the
4 pharmacist who -- first of all, when you see
5 RPH, does that indicate to you that it is a
6 pharmacist?

7 A. Yes, sir, it does.

8 Q. And do you recognize the name of
9 that individual?

10 A. I do.

11 Q. You can confirm that it is somebody
12 associated with the pharmacy that is in that
13 column, or in the comment field?

14 A. Yes, sir.

15 Q. Do you see in the fourth column
16 with the date November 30, 2009, this appears
17 to be from Summa Barberton Hospital, and the
18 comments say, "Loss privileges, not response to
19 pages, not writing daily notes, dangerous
20 surgery procedures"; do you see that?

21 A. I do.

22 Q. In reviewing the items in the
23 comment section, do you believe that this list
24 of complaints refers to the -- refers to
25 complaints about Dr. Harper?

1 A. I do.

2 Q. And do you see that in one of the
3 entries for March 3, 2011, there is a reference
4 in the comment section to CVS, 1949 West Market
5 Street?

6 A. I do.

7 Q. Does that indicate that a complaint
8 was received on or around that day from a CVS
9 Pharmacy?

10 MR. LEDLIE: Object to the form of
11 the question as to whether that was
12 contemporaneous with that date. It's not
13 clear. You can answer.

14 A. Yes, I agree that was a complaint
15 from that pharmacist, reference Dr. Harper.

16 Q. And on the item immediately above
17 that, do you see there is another pharmacist
18 named, and the comments say, "Rx's issues at
19 CVS 590 East Market, excessive Rx's and sample
20 drug cocktail, ICD, 9 issues"; do you see that?

21 A. I do.

22 Q. How do you interpret that
23 statement?

24 MR. BENNETT: Beyond the scope of
25 the authorization. To the extent you need

1 information or activities gathered during a
2 specific investigation, you are not authorized
3 to answer. If you can answer outside of
4 activities of a specific investigation, if you
5 happen to know, you may answer.

6 MR. LEDLIE: Not to disrupt the
7 answer, I did notice there are people other
8 than pharmacists, but anyone in the complaint
9 field will be redacted as well as the patient
10 field will be redacted, but go ahead.

11 A. I can't answer that without
12 violating the order.

13 Q. Okay. But can you validate that a
14 complaint was received from this pharmacist
15 associated with CVS, 590 East Market?

16 A. Yes, I can.

17 Q. Can you also validate that two
18 complaints were received on or around March 17,
19 2011 from Walgreens pharmacists?

20 MR. LEDLIE: Object to the form of
21 the question. Misstates the document. We have
22 a date of complaint. It is in the comments.
23 It's not clear that they were entered at the
24 same time or anything.

25 A. There appears to be two complaints,

1 both from Walgreens, [REDACTED],
2 [REDACTED], on those dates.

3 Q. Okay. And can you also validate
4 that a complaint was received from Giant Eagle,
5 the next item on that chart, on or around March
6 21, 2011?

7 A. Yes, that appears to be the case as
8 well.

9 Q. Okay.

10 - - - - -
11 (Thereupon, Deposition Exhibit 21,
12 License Look Up, Adolph Harper, was
13 marked for purposes of
14 identification.)

15 - - - - -
16 Q. This document I can represent I
17 obtained online from the Ohio licensing portal
18 available publicly, and this appears to refer
19 to the voluntary surrender of Dr. Harper's
20 investigation.

21 Without revealing anything that you
22 may have learned as a TDS task force officer,
23 is this consistent with your understanding of
24 the public information about the status of Dr.
25 Harper's license?

1 A. Yes.

2 Q. Is it also consistent with the
3 timeframe that you are aware from public
4 sources of the voluntary surrender of his
5 license?

6 A. Yes.

7 - - - - -

8 (Thereupon, Deposition Exhibit 22,
9 Press Release From U.S. Attorney's
10 Office For the Northern District of
11 Ohio From February 1, 2015, was
12 marked for purposes of
13 identification.)

14 - - - - -

15 Q. I hand you what has been marked as
16 Exhibit 22. This is a press release from the
17 U.S. Attorney's Office for the Northern
18 District of Ohio from February 1, 2015.

19 As you had stated earlier, the
20 press release states that Dr. Harper was
21 sentenced to ten years in prison for illegally
22 prescribing hundreds of thousands of doses of
23 painkillers and other pills to customers for no
24 legitimate medical purpose, even after at least
25 eight customers died from overdose deaths,

1 according to law enforcement officials. Do you
2 see where I was reading from in the first
3 paragraph?

4 A. Yes.

5 Q. And based only on public sources
6 and not from anything learned in your capacity
7 as a task force officer, is that consistent
8 with your understanding with Dr. Harper's
9 activities that led to that ten-year sentence?

10 MR. BENNETT: For the record, we
11 had a discussion about this, and I want Det.
12 Leonard to know that we agree that he is able
13 under his authorization to confirm the facts
14 are in the press release.

15 So, Det. Leonard, if that's your
16 understanding of the case, you are able to
17 confirm the facts that he is asking that's in
18 the press release.

19 A. Yes, that's what I understand.
20 Correct.

21 Q. And several other, just discreet
22 points about this press release. In the third
23 to the last paragraph from the bottom of page
24 1, it refers to Dr. Harper's customers that
25 came to his office and received prescriptions

1 for addictive prescription medicines without
2 being examined by Harper and often without
3 seeing him at all, according to court
4 documents.

5 Again, based only on public
6 sources, can you confirm that that is a
7 correct -- are you aware that that's a correct
8 description of the case against Dr. Harper?

9 A. It is one of the aspects of the
10 case, yes.

11 Q. I'm not going to mark this as an
12 exhibit, but you referred earlier today in your
13 testimony to Det. John Prince?

14 A. Correct.

15 Q. And he's also a task force officer
16 along with yourself?

17 A. Yes, sir.

18 Q. And you understand him to be a
19 Cleveland diversion detective?

20 A. Yes, sir.

21 Q. I'm going to read -- actually, let
22 me ask you a general question. Are you
23 familiar with a Pharmacy Alert System?

24 A. Yes.

25 Q. What is that system?

1 A. It is different in different areas.
2 In our area, one of the pharmacists kind of
3 took charge of it and they would disseminate
4 information. If I wanted to put out a hotline,
5 I would send them an email with the doctor's
6 name that was being abused. Whatever was going
7 on, I would send him an email, they would
8 disseminate one to a local CVS, one to a Rite
9 Aid, one to a Marc's, and then Marc's or CVS
10 would all disseminate to their own agencies.
11 That way we would get the information out.

12 It fell apart because of the fax
13 system, and when everybody started getting
14 emails, it didn't seem to work so well, because
15 if I sent it to one pharmacist and they are off
16 for three days and don't open their emails,
17 nobody else gets it. When the faxes went away,
18 the alert system went away.

19 Q. And in an annual report that Det.
20 Prince authored in 17, he refers to an expanded
21 use of the Pharmacy Alert System. I know that
22 you didn't author Det. Prince's report, but do
23 you have any understanding of what he may refer
24 to as expanded use of the Pharmacy Alert
25 System?

1 A. I'm not sure what he would be
2 referring to.

3 Q. You mentioned that there was a
4 particular pharmacist that took charge of that
5 early in the process. Who was that?

6 A. Ritzman's.

7 Q. Ritzman's, okay. At least as it
8 may have operated according to your
9 understanding, I want to ask you if this is
10 consistent with how you understand the system
11 worked when you were familiar with it.

12 It says, "The alert system
13 continues to aid in the successful
14 identification and prosecution of prescription
15 drug offenders." Do you think that
16 characterization from Det. Prince is a fair
17 one?

18 A. Yes.

19 Q. He continued that, "It has led to a
20 strong partnership with many of our local
21 pharmacists who are at the front lines of
22 prescription drug diversion and often feel like
23 they were being victimized." Do you agree with
24 that characterization from Det. Prince?

25 A. Yes.

1 Q. And the last sentence in his report
2 on this topic says, "Without their assistance,"
3 referring to pharmacists, "pharmaceutical drug
4 diversion enforcement would be next to
5 impossible." Do you agree with that
6 characterization?

7 MR. LEDLIE: Object to the form of
8 the question.

9 A. I do agree.

10 Q. In respect to your work prior to
11 becoming a task force officer, so prior to
12 February of 2012, if you conducted an
13 investigation involving forged prescriptions,
14 did you typically get those cases through a
15 report from a pharmacist?

16 A. Yes.

17 Q. I think you said earlier today that
18 you regard investigations of physicians as
19 indepth and time consuming?

20 A. Yes, sir.

21 Q. They are among one of the more
22 indepth, time consuming investigations of
23 diversion that you are involved in?

24 A. Yes, sir.

25 Q. Have you ever seen a doctor

1 diversion case prosecuted without the
2 involvement of a medical expert?

3 MR. LEDLIE: Object to the form of
4 the question.

5 MR. BENNETT: And I object to the
6 extent that it calls for you to talk about
7 cases that were not convictions, that were
8 federal investigations. You are only
9 authorized to talk about the specific public
10 knowledge of prosecuted and convicted cases.

11 MR. MOYLAN: If we are talking
12 about publicly filed cases presented in court,
13 I would suggest we shouldn't limit that
14 instruction only to convictions.

15 Q. So my question would be with
16 respect to any publicly charged case against a
17 doctor, are you familiar with any such case
18 that did not involve the use of a medical
19 expert?

20 A. Yes.

21 Q. You are?

22 A. Yes.

23 Q. Can you remember the particulars
24 about that case?

25 A. Dr. Gregory Ingram.

1 Q. And how was his case prosecuted
2 without the use of a medical expert?

3 MR. BENNETT: Objection. To the
4 extent that it calls for you to disclose the
5 internal deliberative process of either the
6 U.S. Attorney's Office or the DEA, you are not
7 authorized to answer that question. And if you
8 can answer it without, based on publicly
9 available information, then you may answer.

10 Q. And I'm really only interested in
11 publicly available information about how the
12 case was prosecuted, if you know.

13 A. I'm trying to draw, you know, the
14 red folder/green folder separation in my head.
15 It was an Akron case that went federal.

16 Can I have second to confer with
17 the DEA counsel?

18 MR. BENNETT: Is that okay,
19 counsel, for privilege purposes?

20 A. I don't want to put my foot in my
21 mouth.

22 Q. I want to see if I can short
23 circuit it, because what I'm interested in is
24 the presentation of public evidence. So I'm
25 not really interested in deliberative process

1 at all.

2 But to the extent you are aware of
3 how the case was actually presented, my
4 interest is what was it about Dr. Ingram's case
5 that -- first of all, did it lead to a
6 conviction, can I ask that?

7 A. Yes.

8 Q. It did. And in terms of the public
9 presentation of evidence, what were the nature
10 of the charges and the evidence against him?

11 A. He pled guilty to 48 counts of
12 trafficking.

13 Q. Without getting into any
14 deliberative materials regarding the TDS work
15 that you did, was the evidence of his
16 trafficking so overwhelming that that was an
17 unusual case that didn't involve a medical
18 expert?

19 MR. BENNETT: Objection. To the
20 extent that that calls for you to discuss the
21 internal deliberative process or the substance
22 of your particular investigation that's not
23 public, you are not authorized to answer that
24 question.

25 To the extent that you can discuss

1 the publicly available information in answering
2 that question, then you may answer.

3 A. All my information on that is case
4 oriented.

5 Q. Is it fair to say that that's the
6 only case involving a diversion investigation
7 of a doctor that was prosecuted that did not
8 involve the use of a medical expert?

9 A. Yes, that I'm aware of.

10 Q. Why it more difficult to
11 investigate doctors for diversion than some
12 other defendants?

13 MR. BENNETT: Objection. Beyond
14 the scope of your authorization, to the extent
15 that that calls for you to disclose
16 investigative techniques or the internal
17 deliberative process of the DEA. To the extent
18 that you can give a 3,000 feet general answer,
19 then you may answer.

20 A. Basically, because I don't have a
21 medical degree, and you only know what you know
22 and you don't know what you don't know. So a
23 medical expert is required.

24 Q. Implicit in your answer is that
25 evaluating prescribing decisions by doctors

1 involves medical expertise; doesn't it?

2 A. Yes, it does.

3 Q. Does it also involve having an
4 understanding of the patient clinical
5 information in order to evaluate doctor
6 prescribing practices?

7 MR. BENNETT: Objection. Same
8 instruction.

9 A. I guess from my personal knowledge
10 as a patient, as an individual that, yes, I
11 think that that information is necessary.

12 Q. Okay. And is that clinical
13 information concerning an individual patient
14 information that is available to the public?

15 A. No, not formally.

16 Q. Is it protected by federal privacy
17 laws?

18 A. By HIPAA, yes.

19 Q. And are you aware whether any
20 pharmaceutical distributor has access to
21 patient clinical information?

22 A. I'm not aware.

23 Q. Do you have any reason to believe
24 that they are in possession of that kind of
25 information?

1 A. I guess from the 3,000 foot level,
2 I would assume if they are paying for -- not
3 assuming, but all the payments and diagnosis
4 codes are read and understood by somebody at
5 some level or they wouldn't continue to be
6 processed. So I would assume they have some
7 type of knowledge. How much, I don't know.

8 Q. So you don't know, but your
9 assumption is that there is some patient
10 specific information that is available to the
11 drug distributors?

12 A. That's my personal opinion. I
13 don't know professionally, no.

14 Q. You don't know that. Okay. I'm
15 just going to have a few questions about
16 defendants in this case.

17 Have you ever heard of a company
18 called CVS Indiana LLC, that particular entity?

19 MR. BENNETT: Objection. Beyond
20 the scope of your authorization, to the extent
21 that that deals with a specific investigation
22 you undertook as a task force officer;
23 otherwise, you can answer the question.

24 A. Then I don't -- I'm not allowed to
25 answer.

1 Q. And I'll limit my questions from
2 here on to work that is not within your task
3 force work, and I'll also limit it to
4 information that doesn't pertain to any
5 nonpublic DEA-related information. So with
6 those limitations, I'm going to ask some more
7 questions.

8 Have you ever heard of a company,
9 subject to those limitations called, CVS Rx
10 Services, Inc.?

11 A. It doesn't ring a bell, so I don't
12 know.

13 Q. Subject to the same limitations, is
14 it fair to say you don't have any understanding
15 of what their business is, those two entities
16 that I mentioned?

17 A. Yes, sir, that's correct.

18 Q. So you were not aware that they are
19 defendants in this case?

20 A. I know CVS is a defendant. I don't
21 know, whatever said Rx, Inc., if that's who CVS
22 is, I don't know the title or the name you are
23 giving them.

24 Q. Okay. Do you have any
25 understanding, apart from your task force work,

1 of why those two CVS entities are named as
2 defendants in this case?

3 A. I guess I'm not sure of your
4 question.

5 Q. Do you have any understanding of
6 what the claims or allegations are against
7 those particular CVS entities?

8 A. I read the indictment, but I don't
9 know what specifically for those two -- no, I
10 don't. I didn't memorize the indictment.

11 Q. I think for all of us defense
12 counsel, you are referring to a civil complaint
13 as opposed to a criminal.

14 A. The complaint, yes.

15 Q. So with respect to any other
16 national pharmacy chains, are you aware -- let
17 me take them one by one.

18 Are you aware that Rite Aid is a
19 defendant in this case?

20 A. Yes, I am.

21 Q. Are you aware that Walgreens is a
22 defendant?

23 A. I am.

24 Q. And are you aware that Walmart is a
25 defendant?

1 A. Yes, I am.

2 Q. Can you describe what you remember
3 about the claims against any of those retail
4 pharmacy chains?

5 A. No, I cannot.

6 Q. So you are unaware -- or correct me
7 if I'm wrong, are you aware that any of those
8 pharmacy chains was not sued in its role as a
9 retail pharmacy?

10 A. I'm aware of it. I just don't know
11 the specifics.

12 Q. So you understand that they are not
13 being sued as dispensing medicines to any
14 customer?

15 A. Yes.

16 Q. You do understand that. Okay.

17 And do you know that no pharmacists
18 are defendants in this lawsuit?

19 A. Yes, I understand that.

20 Q. Apart from your work involving the
21 TDS, do you have any personal knowledge other
22 than that, other than from that work, of
23 systems used by drug distributors to detect or
24 prevent diversion?

25 A. I do not.

1 Q. Do you believe that any of your
2 colleagues in the Akron Police Department are
3 aware or have knowledge of the systems used by
4 drug distributors to detect or prevent
5 diversion?

6 MR. LEDLIE: Object to the form of
7 the question. Calls for speculation.

8 A. I do not believe anyone at the
9 police department has -- there may be one or
10 two individuals that has access to OARRS, but
11 other than that, no one has any other access
12 that I'm aware of.

13 Q. Not referring to any work that you
14 have been involved with as part of the TDS, in
15 your general 30,000 foot understanding as an
16 experienced detective, do you believe that you
17 or your fellow detectives in the police could
18 tell if a doctor overprescribed opioids, simply
19 based on the quantity or duration of a
20 prescription?

21 MR. LEDLIE: Object to the extent
22 this is a hypothetical, and this is a fact
23 witness. Improper question. Beyond the scope.

24 A. I don't know that anyone could
25 determine that. I don't know that we have any

1 physicians that work for the police department
2 without a further indepth investigation before
3 they could determine that.

4 Q. Okay. So you would need further
5 investigation to make an assessment about
6 whether a doctor had overprescribed if all you
7 knew was the quantity and the duration of the
8 prescription?

9 A. Yes, that's correct.

10 Q. And so again, except for any
11 TDS-related work, have you ever sought a search
12 warrant for a doctor solely based the amount or
13 duration of a prescription?

14 A. No.

15 Q. And do you believe a doctor, other
16 than TDS-related work, do you believe that a
17 doctor -- have you ever seen doctor prosecuted
18 solely based on the quantity or duration of a
19 prescription?

20 A. No.

21 Q. Have you ever seen a doctor
22 disciplined by the Ohio Board of Medicine on
23 that sole basis?

24 A. No. I don't have any access to
25 what the medical board does, so I don't -- I

1 wouldn't know if they did or didn't.

2 Q. You wouldn't know. All right.

3 Would you agree, based on your
4 experience, other than your TDS work, with the
5 view that doctor prescribing practices are
6 central in how much medicine is prescribed for
7 people in the Akron area?

8 MR. LEDLIE: Object to form of the
9 question. Beyond the scope. Expert testimony.

10 A. Can you rephrase it? I'm not
11 sure -- restate it.

12 Q. Sure. Other than TDS-related work,
13 do you believe that doctor prescribing
14 practices are central to how much prescription
15 medicine is distributed into the Akron area?

16 A. Definitely one of the key
17 ingredients.

18 Q. Okay. And is it fair to say that
19 if a doctor does not write a prescription for
20 opioids, then a pharmacist cannot dispense
21 opioids lawfully; is that correct?

22 A. Yes, sir.

23 Q. And a patient cannot lawfully
24 obtain opioids without a prescription from a
25 licensed doctor, correct?

1 A. Legally, yes, correct.

2 Q. Just a few questions from a 30,000
3 foot view, and not at all interested in trade
4 craft for the police department, and again
5 excepting anything that you have done with the
6 TDS, in a doctor investigation, do you
7 generally try to interview patients of that
8 doctor?

9 A. I do.

10 Q. And again, without getting into any
11 particulars, nothing to do with TDS, is it
12 common to try to do -- to try to go into the
13 doctor's office, either an investigator or an
14 informant, to pose as a patient?

15 A. I'm not sure if we are getting into
16 techniques, how we do our job of sending
17 sources in or not.

18 MR. LEDLIE: I think at a very,
19 very high level for your time with Akron, we
20 would be okay with that, a very high level.

21 A. Yes, it is something we would try
22 to do.

23 Q. Okay. And in those situations,
24 what are some of the things you look for?

25 MR. LEDLIE: Now I think you are

1 not at 30,000 feet, and I would instruct you
2 not to go into any tools or techniques of your
3 investigation that you believe would reveal
4 nonpublic information.

5 A. So give me the question again.

6 Q. So if there is any undercover work
7 to make contact with a doctor, what sort of
8 things do you look for to try to evaluate if
9 the doctor is acting appropriately or not?

10 A. I think all those things are going
11 to be -- fall under the tools of the trade and
12 things I'm going to do.

13 The only thing I would tell you is
14 investigations sources and techniques I would
15 use to further prosecute someone.

16 Q. Okay. I'll move on.

17 Is physical surveillance around a
18 doctor's office something that is commonly
19 done, and apart from TDS work?

20 A. Yes.

21 Q. I think you had conducted something
22 like four doctor investigations in all your
23 time as an Akron police detective prior to
24 joining the TDS; is that correct?

25 MR. LEDLIE: I would instruct the

1 witness not to answer as to any uncharged or
2 any investigations that are not resulting in
3 criminal charges, under the police
4 investigation process, police investigation
5 rule. He can talk about public cases.

6 Q. Let's start with public cases, but
7 to the extent we are not getting into any named
8 individuals, which I don't intend to, I just
9 wanted to know what the volume of cases was.

10 So let's start with the charged
11 cases. Doctor charged cases while working as
12 an Akron police detective, how many can you
13 remember?

14 A. There was Harper, Ingram.

15 Q. Same ones you mentioned earlier?

16 A. Yes, so...

17 Q. So I wasn't clear. Those were also
18 some task force cases?

19 A. Harper started as Akron and ended
20 up task force. Ingram I was on the task force
21 when the case -- when I initiated the case.

22 There were a couple of cases that I
23 don't know how they turned out, because they
24 were turned over to different agencies, so I
25 can't speak on whether they were convicted or

1 not, so I really can't talk about those cases.

2 Q. Let me try --

3 MR. BENNETT: If he is able to
4 answer your question without regarding TDS
5 cases, because you asked for convicted case, so
6 that's within the scope of his authorization.

7 Q. I think we may have all the ones
8 that you remember by name, and I want to get an
9 overall number and see if I can verify that
10 prior to TDS you have done a total of four
11 investigations of physicians in the 14 years
12 you worked in diversion. Without naming any
13 particular doctors, does that sound like a
14 correct number?

15 A. It was probably closer to six,
16 because there were a couple that weren't
17 disclosed because they --

18 MR. LEDLIE: Don't tell him the
19 reason.

20 A. They weren't charged.

21 Q. Four to six, something around that
22 number. Okay.

23 In the doctor prescribing --
24 overprescribing cases or diversion cases that
25 you have been involved in, is an OARRS lookup

1 done in everyone of those cases, to the extent
2 the OARRS system was available to you?

3 A. In the doctors?

4 Q. Doctor prescribing cases.

5 MR. BENNETT: And you're talking
6 non-TDS cases, correct?

7 MR. MOYLAN: Yes, that's what I'm
8 asking.

9 A. I believe so. Yes, I believe an
10 OARRS was used when available. I believe that
11 OARRS was used, yes.

12 MR. MOYLAN: And you object to that
13 question with respect to TDS?

14 MR. BENNETT: Correct. He is not
15 authorized to discuss the law enforcement
16 investigative techniques he used investigating
17 cases for the tactical diversion squad of DEA.
18 That would include databases that he accesses
19 and uses, which would include OARRS. So he's
20 not authorized to answer that.

21 Q. Is it fair to say that the goal in
22 a doctor diversion case is to determine if the
23 doctor is prescribing medicine outside the
24 range of acceptable medical judgment?

25 A. Yes. Outside of the scope of

1 medical necessity and judgment, yes.

2 Q. And you think it is fair to say
3 that investigating a doctor is significantly
4 more complicated than investigating other
5 sources of diversion?

6 MR. LEDLIE: Object to the form of
7 the question.

8 A. Yes.

9 MR. MOYLAN: I think that's all I
10 have.

11 MR. LEDLIE: Let's take a break.
12 (Recess taken.)

13 MR. GOLDSTEIN: Back on.

14 EXAMINATION OF PATRICK LEONARD

15 BY MR. GOLDSTEIN:

16 Q. Good afternoon, detective.

17 A. Good afternoon.

18 Q. A few questions for you. Probably
19 more than a few, to be fair.

20 You are familiar that some of the
21 defendants in this case are manufacturers; is
22 that right?

23 A. Yes, I am.

24 Q. Are you aware of the allegations
25 against the manufacturers in this case?

1 A. Yes. I have read through the
2 complaint.

3 Q. And what is your general
4 understanding of those allegations?

5 A. They flooded markets and put drugs
6 in the area that gave physicians the
7 opportunity to prescribe more drugs and more
8 people became addicted.

9 Q. Do you have an understanding of
10 whether you provided any information to the
11 plaintiffs that was then put into the complaint
12 with respect to the manufacturers in this case?

13 A. No, I never spoke with the
14 plaintiffs prior to seeing the complaint.

15 Q. Understood. And I believe earlier
16 you reviewed some what's called interrogatory
17 responses?

18 A. Yes.

19 Q. Do you have an understanding
20 whether you provided any information that was
21 used in any interrogatory response by the
22 plaintiffs?

23 A. I don't know what was used, so I
24 don't know. I provided a lot of information,
25 the city provided a lot of information.

1 MR. LEDLIE: The content of your
2 conversation with counsel is privileged, and I
3 would ask you not to reveal the content of any
4 communications.

5 Q. Let me ask it this way: Are you
6 aware of any specific allegations against
7 manufacturers related to marketing activities
8 in this case?

9 A. No, I don't believe so.

10 Q. Okay.

11 - - - - -

12 (Thereupon, Deposition Exhibit 23,
13 Designated Confidential, 1-16-2013
14 Email, Bates Labeled
15 AKRON_000368456, was marked for
16 purposes of identification.)

17 - - - - -

18 Q. Handing you, detective, what has
19 been marked as Exhibit 23.

20 MR. BENNETT: Counsel, is this
21 January 16, 2013 an email that you gave us a
22 copy of already?

23 MR. GOLDSTEIN: Correct.

24 MR. BENNETT: Okay. Thank you.

25 Q. Have you seen this email before

1 today?

2 A. Yes, I have.

3 Q. What is it?

4 A. It is an email from Agent Tom
5 Miksch from the board of pharmacy to me,
6 reference Dr. Harper case.

7 Q. I'm handing you also what has been
8 marked as Exhibit 24.

9 - - - - -

10 (Thereupon, Deposition Exhibit 24,
11 Designated Confidential, Protected
12 Health Information, Patient Deaths
13 Associated with Dr. Harper,
14 Beginning with Bates Labeled AKRON
15 000368457, was marked for purposes
16 of identification.)

17 - - - - -

18 Q. And do you recognize Exhibit 24?

19 A. I do.

20 Q. What is that?

21 A. It is a list of patients that are
22 from the coroner's office, patients we
23 associate with death due to Dr. Harper.

24 Q. Do you recall receiving these
25 documents during the course of your work on the

1 TDS?

2 A. Yeah. I guess it was during TDS,
3 yes.

4 Q. And did you do anything based on
5 the information contained in these documents in
6 the course of your work for TDS?

7 MR. BENNETT: Objection. Beyond
8 the scope of his authorization. He's not
9 authorized to disclose the activities he
10 performed as a result of this. So he's not
11 authorized to answer that question.

12 Q. If you look at Exhibit 24, Exhibit
13 24 is an attachment to the email from Exhibit
14 23; is that right?

15 A. Yes, sir, that's correct.

16 Q. And if you look at -- do you
17 recognize the general format of this document?

18 A. Yes, sir.

19 Q. And what is it?

20 A. It was a spreadsheet set up by
21 Agent Miksch with information on the
22 individuals that overdosed.

23 Q. If you look towards the middle of
24 the -- strike that.

25 To clarify, these are all

1 individuals who overdosed during what period of
2 time?

3 A. It looks like 2009 through 2012.

4 Q. And based on the information in the
5 cover email, I take it these are all patients
6 of Dr. Harper who had overdosed; is that right?

7 A. That's correct.

8 Q. And when did your investigation of
9 Dr. Harper begin?

10 A. I'm not sure of the exact date. I
11 believe it was somewhere around 2010, plus or
12 minus, minus probably. 9, 10, somewhere in
13 that area.

14 Q. Okay. Now, if you look towards the
15 middle of this spreadsheet, you see the column
16 labeled cause?

17 A. Yes, sir.

18 Q. Do you have an understanding of
19 what information is contained in that column?

20 A. I do.

21 Q. What is it?

22 A. The cause of death determined by
23 the coroner.

24 Q. And if you go one more column over,
25 it says labs?

1 A. Yes, sir.

2 Q. Do you have an understanding of
3 what that column refers to?

4 A. That would be what the toxicology
5 report shows what was in the individual's
6 system.

7 Q. And one more over, Rx's, do you
8 have an understanding of what that refers to?

9 A. Pharmaceuticals that were involved
10 in the death of the individual.

11 Q. Did you ever reach a conclusion
12 about whether the -- whether Dr. Harper
13 prescribed any of the prescriptions listed in
14 that Rx's column?

15 MR. BENNETT: Objection. Scope.
16 It is beyond the scope of his authorization,
17 because it would require him to disclose DEA
18 activities, and as a result he is not
19 authorized to answer this question.

20 Q. Turn back to the cause column.

21 A. Okay.

22 Q. See if you would just take a second
23 to review the causes that are listed there.

24 A. Okay.

25 Q. Fair to say there are several

1 different causes listed in that column?

2 A. Yes, sir.

3 Q. And one of those causes is
4 complications of heroin use, I'm looking, 1, 2,
5 3, 4, that's the fifth cause listed?

6 A. Yes.

7 Q. The next cause listed is cocaine
8 and opiate toxicity; do you see that?

9 A. Yes.

10 Q. And what does that refer to?

11 A. I would assume that's what the
12 coroner put as cause of death, cocaine and
13 opiate toxicity.

14 Q. Now, having reviewed the entire
15 column, is this asking, at a high level, is
16 this range of causes of death consistent with
17 your experience investigating these types of
18 cases?

19 A. This is the only doctor case that I
20 investigated that had multiple deaths. So that
21 would sum up my experience and information on
22 that level.

23 Q. What about your -- as far as your
24 general understanding of the causes of
25 opioid-related overdoses in the Cleveland and

1 Akron area, is this listing of several
2 different causes, including heroin overdoses
3 and cocaine/opiate toxicity overdoses,
4 consistent with that experience and
5 understanding?

6 MR. LEDLIE: Object to the form of
7 the question. You can answer.

8 A. Along with the combined drug
9 effects, yes.

10 Q. What do you mean by, "combined drug
11 effects"?

12 A. Well, that same column, combined
13 drug effects is listed at least four or five
14 times, along with combined drug toxicity.

15 Q. And what do you have an
16 understanding of that to mean?

17 A. It is not one particular opiate
18 that someone overdosed on. There is multiple
19 players on board.

20 MR. LEDLIE: And the record will
21 reflect the results are listed in this column
22 as acute hydromorphone toxicity. There is a
23 number. The record speaks for itself, but
24 there are other columns listed here that have
25 not been identified on the record.

1 MR. GOLDSTEIN: I certainly agree
2 the record speaks for itself.

3 Q. Do you have an understanding of
4 where cause is listed as combined drug effects,
5 and there are several different drugs, do you
6 have an understanding of whether that is
7 consistent with the patient taking a legitimate
8 medical prescription for any of those drugs?

9 A. Yes.

10 Q. What is your understanding?

11 A. That they have taken too many.
12 This is an overdose. This is the combination
13 of multiple drugs. I'm not sure I'm answering
14 your question.

15 Q. Do you form an opinion on whether
16 or not someone who has overdosed, where the
17 cause is a combination of multiple drug
18 effects, whether the overdose was caused by
19 consumption from legitimate prescription
20 opioids?

21 MR. BENNETT: Objection to the
22 scope. You are not authorized to give your
23 personal opinion regarding nonpublic facts or
24 information you acquired as a task force
25 officer. To the extent you can offer an

1 opinion without disclosing or using nonpublic
2 facts or information, you may answer the
3 question.

4 MR. LEDLIE: I have an additional
5 objection, and that is that he is a TDS. He's
6 not one of the opiate death investigators. So
7 this entire scope is beyond his factual
8 knowledge and it is improper.

9 A. So back to your question.

10 Q. I'll just move on.

11 A. Okay. Sorry.

12 Q. If you turn back in your stack to
13 Exhibit 22. Continuing on the discussion of
14 your investigation of Dr. Harper, and if you
15 look at the fifth paragraph down.

16 A. Okay.

17 Q. You see where it says, "Harper may
18 have been a doctor, but he sold drugs like a
19 common street level dealer"; do you see that?

20 A. Yes.

21 Q. Do you agree with that statement?

22 A. Yes.

23 Q. Is it a fair characterization, Dr.
24 Harper as a drug dealer?

25 A. Yes.

1 Q. Why is that?

2 MR. BENNETT: Objection. Beyond
3 the scope of his authorization, to the extent
4 that he would have to disclose the specifics of
5 his investigation that have not been made
6 public. He can confirm the facts stated in
7 this to be consistent with his investigation,
8 but he is not allowed to provide additional
9 information. Beyond the scope of his
10 authorization.

11 Q. Well, I'm asking it this way:
12 Based on the conduct that Dr. Harper engaged in
13 that you already testified about today, does
14 that inform your testimony about why you would
15 consider him to be a drug dealer?

16 A. I guess I'm not sure what you are
17 asking.

18 Q. Dr. Harper was giving out
19 prescriptions without a legitimate medical
20 purpose. Is that a reason you would
21 characterize him as a drug dealer?

22 A. Yes.

23 Q. And fair to apply that same
24 standard to any doctor who was giving out
25 prescriptions without a legitimate medical

1 purpose, that you would describe them as a drug
2 dealer?

3 MR. LEDLIE: Object to the form.
4 Objection.

5 A. Yes.

6 Q. The tactical diversion squad was
7 created in February of 2012, you testified to
8 that earlier?

9 A. The Cleveland office TDS started in
10 February of 2012, that's correct.

11 Q. Thank you for the clarification.
12 Do you have an understanding as to
13 why the TDS was created in 2012?

14 A. I assume why. I don't have -- no
15 one has told me exactly why, but from working
16 in the field and understanding the dynamics of
17 what was going on in Northern Ohio, I expect
18 that was why it was created.

19 Q. What was that?

20 A. Because of the abuse of opiates
21 that we began investigating right away.

22 Q. Is it fair to say that when you
23 were -- your focus before you joined the TDS
24 was investigating doctor shoppers?

25 MR. LEDLIE: Object to the form of

1 the question. Misstates testimony.

2 A. It was one of my investigations.
3 Yes, it was one of the forms of the
4 investigation.

5 Q. Fair to say before you joined TDS,
6 you were primarily investigating drug users as
7 opposed to drug dealers?

8 A. No. As I stated earlier, somewhere
9 between four and six physicians have been
10 investigated by myself and other joint units
11 prior to joining the DEA task force in 2012.
12 They didn't all come to indictment and
13 conviction, but there were other investigations
14 that did take place.

15 Q. From your time in working diversion
16 cases, which I believe started in 1998; is that
17 right?

18 A. Yes.

19 Q. All the way up until you joined
20 TDS, would you say the majority of your cases
21 were focused on investigating drug users as
22 opposed to drug dealers?

23 A. Pure case numbers, yes.

24 Q. And when you joined TDS, is it fair
25 to say that the majority of your cases were

1 focused on investigating drug dealers as
2 opposed to drug users?

3 MR. BENNETT: Objection. To the
4 extent that it calls for specific
5 investigations, you are not authorized to
6 answer. To the extent you can answer regarding
7 your general duties as a task force officer,
8 you are authorized to answer regarding your
9 general duties and the general categories of
10 cases.

11 MR. LEDLIE: And I'll object to the
12 form of the question.

13 A. So general duties have a bigger
14 picture rather than just individual drug
15 abuses. I don't know if that answers your
16 question or not.

17 Q. I think as a general matter, was
18 the TDS primarily investigating drug dealers or
19 drug users, without reference to any specific
20 cases?

21 MR. BENNETT: Objection. You may
22 answer regarding your general duties and not
23 the specifics of the task force.

24 MR. LEDLIE: I'll object to the
25 characterization of drug dealers. It is vague,

1 and I'm not sure what you are asking.

2 A. My general duties as a member of
3 the Cleveland TDS encompass all of those.
4 Primarily, on a larger section, the safety of
5 citizens, and we would gear towards more
6 physician oriented, or larger cases, than
7 doctor shoppers.

8 Q. So I'm not asking about your
9 specific duties, but your investigations as a
10 general matter. Were the majority of your
11 investigations investigations of drug dealers
12 or drug users?

13 MR. LEDLIE: Object to the form of
14 the question. Vague, once again, as to drug
15 dealers. I'm not sure what you are asking
16 about in terms of narcotics. Illicit
17 narcotics, are you talking about doctors, are
18 you talking about physicians assistants?
19 That's a vague question.

20 A. I guess that's where I'm confused,
21 because we just got done saying that Dr. Harper
22 was a drug dealer.

23 So a physician investigation, are
24 you saying that any investigations we do on
25 physicians are considered drug dealers

1 separate, or are you talking about someone
2 selling heroin and cocaine and bringing the
3 cartel in from Mexico?

4 Q. I'm asking about who the focus of
5 your investigations were, who were the targets
6 of your investigations.

7 So I believe your testimony has
8 been that the targets were doctor shoppers and
9 overprescribing physicians and manufacturers of
10 counterfeit opiates; is that a fair statement?

11 A. Yes, it is.

12 Q. And so of those three targets,
13 which was the largest group that you
14 investigated?

15 A. While still working the larger
16 cases with the Cleveland TDS, I was still
17 responsible for the doctor shoppers in Akron,
18 and that kind of all commingled into the same
19 categories.

20 Q. You testified earlier that in your
21 conversations with doctor shoppers, you had
22 come to learn from them that they had started
23 with prescription opiates and then moved to
24 illicit drugs; is that accurate?

25 A. Yes.

1 Q. Did you -- strike that.

2 Do you have any concerns about the
3 truthfulness of the statement that doctor
4 shoppers make to you during the course of your
5 investigation?

6 MR. BENNETT: Objection. Beyond
7 the scope of his authorization. To the extent
8 it relates to federal investigations that he
9 has done, he is not authorized to offer an
10 opinion as to the truth and veracity of the
11 people that come in front of him.

12 And so I would instruct him to the
13 extent that that relates to task force
14 operation investigations, you are not
15 authorized to answer. If you want to ask him
16 pre-2012.

17 Q. Let's start with pre-2012.

18 MR. LEDLIE: Object to the form of
19 the question. You can answer to the extent you
20 are able.

21 A. I believe most of the people I
22 interviewed, during an interview they are
23 giving me additional facts that I'm able to
24 check, and normally when I conduct an
25 interview, I know the answer to at least 75

1 percent of the questions I'm going to ask them,
2 and when they are being honest with those
3 questions, I have no reason to believe that
4 they lied about what they started with and what
5 they became addicted to throughout that
6 process.

7 Q. Do you have an opinion as to
8 whether there is a different stigma associated
9 with taking a prescription opioid and then
10 having it lead to illicit drug abuse, versus
11 starting with illicit drugs in the first place?

12 MR. LEDLIE: Object to the form of
13 the question. Compound, vague and assumes
14 facts not in evidence.

15 A. I do understand there is a
16 difference in that, yes.

17 Q. And might that be a reason why a
18 person you are interviewing in the course of
19 one of your investigations might not be
20 truthful with you when telling you what the
21 reason was -- or what the initial drug that
22 they took was?

23 MR. LEDLIE: Object to the form of
24 the question. Without revealing any police
25 investigation techniques that are nonpublic,

1 you may answer that question, but it seems to
2 explicitly call for investigation techniques.

3 A. I don't know how to answer that. I
4 already have affirmative knowledge that they
5 are taking opioids, prescription medication in
6 those investigations. So I guess I don't
7 understand your question as to whether they
8 started with that or not, when I have OARRS
9 reports and investigative evidence showing that
10 they were taking those medications.

11 Q. When you were having these
12 conversations with doctor shoppers, is it fair
13 to say they were targets of investigations at
14 the time you were talking to them?

15 A. Yes.

16 Q. And did they understand that?

17 A. Oh, yes.

18 Q. Did they understood that you were a
19 detective when they were speaking with you?

20 A. Most of those conversations took
21 place on the 6th floor of the Akron police
22 detective bureau, so they were detained and
23 waiting to be charged that day when they had
24 those interviews.

25 Q. Understood. Now, in the course

1 your investigation of overprescribing
2 physicians, have you ever served in an
3 undercover capacity?

4 MR. BENNETT: Objection. To the
5 extent that this talks about your activities
6 with the TDS, you are not authorized to answer
7 that question. It is beyond of the scope of
8 your authorization.

9 MR. LEDLIE: And the City of Akron
10 would join in revealing whether he did or did
11 not serve in an undercover capacity. That puts
12 your safety at risk, and I would instruct you
13 not to answer that question, as to the City of
14 Akron.

15 Q. Have you ever been involved in
16 secretly recording a physician in the course of
17 one of your investigations?

18 MR. BENNETT: Objection. Beyond
19 the scope of his authorization. To the extent
20 you are asking about TDS activities, I would
21 instruct the witness he is not authorized to
22 answer that question regarding TDS activities.

23 MR. LEDLIE: As to the City of
24 Akron, law enforcement privilege as to that
25 question.

1 Q. Handing you what has been marked as
2 Exhibit 25.

3 - - - - -

4 (Thereupon, Deposition Exhibit 25,
5 Federal Register, Volume 80, Number
6 138, Monday, July 20, 2015/Notices,
7 was marked for purposes of
8 identification.)

9 - - - - -

10 Q. Now, have you seen Exhibit 25
11 before?

12 A. I have not.

13 Q. And I'll direct you on the first
14 page, in the far left column, the Recommended
15 Rulings, Findings of Fact, Conclusions of Law
16 and Decision of the Administrative Law Judge;
17 do you see that?

18 A. I do.

19 Q. And then if you look in that first
20 paragraph, "The nature of the case,
21 Administrative Law Judge"; you see that?

22 A. Yes.

23 Q. And so it is referring to the
24 matter of Syed Akhtar-Zaidi, M.D.; do you see
25 that?

1 A. I do.

2 Q. Are you familiar with Dr. Zaidi?

3 A. I am.

4 Q. And if you look at the next
5 paragraph down, at the very top of the middle
6 column there, this is, "The drug enforcement
7 administrator, through her deputy
8 administrator, issued an order to show cause
9 why the administrator should not revoke DEA
10 Certificate of Registration number BA3842259
11 issued to Syed Jawed Akhtar-Zaidi, M.D., and
12 should not deny any application for renewal or
13 modification of the same"; do you see that?

14 A. I do.

15 Q. Did you have an understanding of
16 what this document is?

17 A. I do.

18 Q. What is your understanding?

19 A. It is the federal issue reference
20 the DEA certificate of Akhtar-Zaidi for his DEA
21 license.

22 Q. Now, if you turn to maybe the fifth
23 or sixth page, in the top right the number is
24 42981.

25 A. 42981?

1 Q. Yeah. You see in the far left
2 column, towards the bottom, "Dr. Zaidi's
3 treatment of Officer Patrick Leonard under the
4 [REDACTED]

5 A. I do.

6 Q. Do you have an understanding of
7 what -- you want to take a minute -- I can
8 just -- we can just walk through.

9 The second paragraph says, "Det.
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]

13 A. I do see that.

14 Q. Is that accurate?

15 A. It is.

16 Q. What do you recall about your work
17 in an undercover capacity investigating Dr.
18 Zaidi?

19 MR. BENNETT: Objection. This is
20 beyond the of scope of his authorization. He
21 is authorized to confirm factual information
22 contained in this decision, but he's not
23 authorized to discuss the substance or
24 activities that are not in this related to his
25 or DEA's investigation.

1 So I would instruct the witness
2 that this is beyond the scope of his
3 authorization, but anything other than to
4 confirm the facts that are concerned in this
5 administrative law decision.

6 Q. It says in the second sentence,
7 that you attended six office visits with Dr.
8 Zaidi, and in each visit received prescriptions
9 for controlled substances; is that accurate?

10 A. It is.

11 [REDACTED]
12 [REDACTED]

13 A. It is.

14 Q. Is it accurate that Dr. Zaidi was
15 engaged in the misleading -- strike that.

16 [REDACTED]
17 [REDACTED]
18 [REDACTED]
19 [REDACTED]
20 [REDACTED]
21 [REDACTED]


22 A. Yes.

23 MR. BENNETT: Objection. I would
24 indicate to the witness that he may confirm his
25 testimony, but he may not add facts beyond what

1 is contained in the administrative law
2 decision.

3 So if it is not within the
4 administrative law decision, as far as what he
5 mislead Dr. Zaidi about, he may not confirm
6 that.

7 Q. Let me direct you to the next
8 paragraph down. It says, "In his role as

9 
10 correct?

11 A. Yes.

12 Q. "Det. Leonard reported that he had
13 stiffness in his lower back. In his initial
14 interview with Christy Barrett, Det. Leonard
15 reported pain levels of between three and four
16 on a ten point scale"; is that accurate?

17 A. No. It was between two and three,
18 but that's --

19 Q. Fair enough. And do you recall who
20 Christy Barrett was?

21 A. She was an employee there. I
22 couldn't pick her out of a lineup today.

23 Q. And if you could take a minute to
24 review the remainder of that paragraph.

25 MR. LEDLIE: The paragraph in his

1

[REDACTED]

2

MR. GOLDSTEIN: Yes. Thank you.

3

A. Okay.

4

5

Q. Is everything contained in that paragraph accurate, to the best of your knowledge?

6

7

A. Yes, sir, I believe it is.

8

Q. You can put that aside.

9

10

Did the undercover work described in -- is the type of undercover work that we just discussed consistent with the undercover work -- strike that. Let me ask you a different question that will have the same result.

11

12

13

14

15

In that interest, I'll just move on.

16

17

18

You testified previously that there are some instances in which you have reached out to the board of pharmacy regarding revoking a prescriber's license; do you recall that testimony?

19

20

21

22

A. No. I said I would work with the board of pharmacy. I never called them and asked them to revoke a pharmacist's license.

23

24

25

Q. Do you recall in which cases that

1 you have worked on that a pharmacist's license
2 has been revoked by the board of pharmacy?

3 A. No, not offhand.

4 Q. Do you recall roughly how many
5 times that's happened?

6 A. A handful. Maybe three to five.

7 Q. In the course of any investigation
8 of a prescriber prior to joining TDS, did you
9 ever come across any marketing materials that
10 were provided by the manufacturer of opioids?

11 A. No. The only thing, in our first
12 session in January, was that conference that I
13 went to where someone from one of the
14 pharmaceutical companies spoke, and that was
15 the only time.

16 Q. Did you ever encounter any
17 materials that were provided to physicians in
18 particular by a manufacturer of opioids?

19 A. No, I don't recall acquiring any,
20 no.

21 Q. Prescription opioids, to be clear.

22 A. Yes.

23 Q. Since joining the TDS, have you
24 encountered any marketing materials provided by
25 a manufacturer of the prescription opioids?

1 MR. BENNETT: Objection. To the
2 extent that calls for information related to
3 your investigation, you are not authorized to
4 answer. To the extent that you obtained
5 information from a public source unrelated to
6 your information or aware of information, you
7 may answer.

8 A. I'm not going to be allowed to
9 answer.

10 Q. Handing you what has been marked as
11 Exhibit 26.

12 - - - - -
13 (Thereupon, Deposition Exhibit 26,
14 Indictment for Dr. Harper, was
15 marked for purposes of
16 identification.)

17 - - - - -

18 Q. Do you recognize this document?

19 A. I do.

20 Q. What is it?

21 A. This is a the indictment for Dr.
22 Harper and his office, his associates.

23 Q. I believe we talked through a lot
24 of the information in here already, so I'm just
25 going to ask you a couple questions.

1 If I could direct you to page 11 of
2 the document. Do you see in paragraph 35 (a),
3 it says, "On or about the dates listed below,
4 from his office in Akron, Ohio, Adolph Harper,
5 Jr. issued, quote, prescriptions for the
6 following controlled substances on the
7 following day to JC, a Harper DTO customer not
8 charged herein"; do you see that?

9 A. I do.

10 Q. And then there is a table
11 underneath the indictment -- underneath that
12 paragraph. Do you see the table?

13 A. I do.

14 Q. And do you have an understanding of
15 what information is contained in that table?

16 A. Yes, I do.

17 Q. And what is that understanding?

18 A. It is the individual's prescription
19 records, dates written, filled, what the
20 prescriptions were, the strength and the
21 quantity.

22 Q. And is it fair to say that
23 according to the indictment, these were
24 prescriptions that were written that did not
25 have a legitimate medical purpose?

1 A. Yes, sir, it is.

2 Q. If you turn to the next page,
3 paragraph (b), there is another list of
4 prescriptions, this time written to customer
5 KC; do you see that?

6 A. I do.

7 Q. Fair to say that these are also
8 prescriptions that were not legitimate,
9 according to the indictment?

10 A. Yes, that's correct.

11 Q. The same for paragraph (c)?

12 A. Yes.

13 Q. If you turn to the next page, why
14 don't you just look through the tables. If you
15 just flip through, there is tables, there is
16 similar tables on the following five pages,
17 pages 13 through 18. They all appear to be in
18 roughly the same format.

19 MR. LEDLIE: Paragraph (d) through
20 (1), for the record.

21 MR. GOLDSTEIN: Thank you.

22 MR. LEDLIE: Unless you are going
23 on.

24 Q. That was on the top of 18.

25 Fair to say that all the

1 prescriptions, according to this indictment,
2 all the prescriptions contained in those tables
3 were not written for legitimate medical
4 purpose?

5 A. Yes, fair to say.

6 Q. You can put that document aside. I
7 just have a few more questions.

8 Your work in the TDS -- with
9 respect to your work in the TDS, can you
10 describe the general command structure of your
11 unit?

12 A. Yeah. There is members of the TDS
13 from local jurisdictions and from the DEA.
14 There is a GS, a group supervisor, who we
15 report to, and then there is an ASAC above
16 that, a RAC and an ASAC that are just senior
17 level management, supervisors, but my group
18 supervisor is my immediate supervisor.

19 Q. And do you have an understanding of
20 who within the general command structure is
21 responsible for setting the priorities of your
22 unit?

23 A. My group supervisor decides what we
24 do.

25 Q. Have there been -- strike that.

1 At a high level, you agree with the
2 priorities of your unit, as set forth by your
3 supervisor?

4 MR. BENNETT: Objection. You are
5 not authorized to express personal opinions
6 that rely on nonpublic facts or information.
7 To the extent you have a personal opinion that
8 does not use public facts or information to
9 answer that question, you are authorized to
10 answer that.

11 A. I do not have a public opinion.

12 Q. I hand you what has been marked
13 Exhibit 27.

14 - - - - -

15 (Thereupon, Deposition Exhibit 27,
16 Newspaper Article Concerning Dr.
17 Gregory Ingram, was marked for
18 purposes of identification.)

19 - - - - -

20 A. Yes.

21 Q. Do you see this is a press release
22 about Dr. Gregory Ingram?

23 A. Yes.

24 MR. BENNETT: Objection.
25 Mischaracterizes the exhibit. My

1 understanding, this is an article written by
2 Eric Heisig for Cleveland.com. It is not a
3 press release from the Department of Justice.

4 MR. GOLDSTEIN: Thank you. I
5 misspoke. I misspoke. It is not a press
6 release, so thank you for the clarification.

7 Q. Fair to say this is a newspaper
8 article written about Dr. Gregory Ingram?

9 A. Yes, that's fair to say.

10 Q. And if you look at the -- do you
11 recall testifying about Dr. Ingram earlier
12 today?

13 A. I do.

14 Q. And you recall testifying that Dr.
15 Ingram's case was the one case you could think
16 of in which the opinion of a medical
17 professional was not necessary for the
18 prosecution of that case?

19 A. Yes, sir.

20 Q. If you look at the first sentence,
21 "A former Akron doctor was sentenced Tuesday to
22 one year in prison for prescribing painkillers
23 to strip club dancers and their friends in
24 exchange for money and sexual favors"; do you
25 see that?

1 A. I do.

2 Q. And then it says Dr. Ingram was
3 that prescriber that it is referring to; is
4 that right?

5 A. Yes, it does.

6 Q. And are those statements accurate?

7 MR. BENNETT: Objection. This is
8 beyond the scope of his authorization to
9 disclose specific information. To the extent
10 this was disclosed by the United States to the
11 Federal District Court, you are authorized to
12 answer it.

13 To the extent that this is a report
14 by Cleveland.com that you are unaware whether
15 those facts have been disclosed publicly by the
16 United States, you are not authorized to
17 answer.

18 A. I'm not aware of whether the U.S.
19 public court disclosed this or dot com. So I
20 don't know the answer.

21 Q. Okay. You testified that Dr.
22 Ingram was charged and convicted; is that
23 right?

24 A. Yes, sir.

25 Q. And there was an indictment filed

1 in connection with those charges, presumably?

2 A. Yes, sir.

3 Q. And are you aware of generally the
4 contents of that indictment?

5 A. Yes, I am.

6 Q. And are you aware that the
7 indictment is a public document?

8 A. I am.

9 Q. And did that indictment, as far as
10 you are aware, contain information
11 corroborating the statements here that Dr.
12 Ingram was sentenced for prescribing
13 painkillers to strip club dancers and their
14 friends in exchange for money and sexual
15 favors?

16 MR. LEDLIE: You are authorized to
17 answer based on the indictment, if you know.

18 A. Yes.

19 Q. And is that the reason why the
20 opinion of a medical professional was not part
21 of the prosecution of his case, without
22 disclosing any information you have and any
23 nonpublic information related to the
24 prosecution?

25 MR. BENNETT: Objection. To the

1 extent that that calls for the internal
2 deliberations and prosecutorial discretion of
3 the United States, you are not authorized to
4 answer.

5 MR. LEDLIE: I'll object to the
6 form.

7 Q. Based on your personal knowledge.

8 A. I don't really have any personal
9 knowledge on this case, except what is my
10 professional knowledge on this case, because it
11 was entirely my case. So it was all in the
12 scope of my TDS employment.

13 Q. I think we can move on.

14 MR. GOLDSTEIN: Let's go off the
15 record for two minutes.

16 (Recess taken.)

17 Q. Det. Leonard, what drugs are
18 more -- thank you, Det. Leonard. Just a few
19 more questions today.

20 What drugs are more commonly seized
21 in your county than other Ohio counties, if
22 any?

23 A. I don't normally seize the drugs.
24 Most of the drugs I deal with are on paper,
25 they have already been dispensed and used, so

1 I'm not really seizing the actual prescription
2 pills themselves.

3 Q. Do you know which drugs are most
4 heavily used and abused within these counties,
5 which illegal drugs, I should say?

6 A. Which illegal drugs?

7 Q. Correct.

8 A. Heroin and fentanyl, marijuana.

9 Q. In any particular order?

10 A. I wouldn't know which order. Those
11 are the ones that are abused the most, illicit
12 drugs, cocaine.

13 I don't work -- the only reason I
14 know that is from other agents in my Akron
15 Police Department office, the cases that they
16 are working. I don't work illicit cases. So I
17 don't handle a lot of those drugs.

18 Q. Do you have an understanding of how
19 often any of those particular drugs are seized
20 within the TDS jurisdiction?

21 MR. LEDLIE: Object to the form of
22 the question.

23 MR. BENNETT: And I object to the
24 extent that you are asking for DEA cases. I
25 understood you asking Akron and things like

1 that.

2 Q. Let me strike the question.

3 Are there -- do you have any
4 understanding of how often illegal drugs are
5 seized in the counties in Northern Ohio?

6 MR. LEDLIE: Object to the form of
7 it.

8 A. Our patrol units seize drugs every
9 day. Obviously, not in large quantities
10 everyday, but drugs are seized and tagged into
11 evidence on a daily basis.

12 Q. Do you have an understanding of
13 whether any particular illegal drug that you
14 just discussed is most commonly related to
15 violent crime in Northeastern Ohio?

16 A. It would only be my assumption and
17 my guess, so, no, I can't gave you an accurate
18 answer to that question.

19 Q. Do you have a sense of whether use
20 of prescription opioids versus use of illegal
21 drugs, whether one of those is more commonly
22 associated with violent crime in Northeastern
23 Ohio?

24 MR. LEDLIE: Object to the form of
25 the question.

1 A. No, I really don't have a feel for
2 which one would be -- which would be a bigger
3 problem, violent-wise.

4 Q. In connection with your work in the
5 Akron Police Department, are you aware of any
6 grants that your department has received that
7 relate to the investigation of illegal drug
8 use?

9 A. We discussed earlier that I had one
10 grant from the Ohio Attorney General's Office
11 that assisted in the funding of the Dr. Harper
12 investigation. Our grant writers, I know they
13 work tirelessly trying to find available funds.
14 I don't know what all they have received and
15 where they went.

16 Q. Putting that grant aside -- strike
17 that.

18 I'm going to show you what has been
19 marked as Exhibit 28.

20 - - - - -

21 (Thereupon, Deposition Exhibit 28,
22 Designated Confidential, National
23 Diversion Survey Questionnaire,
24 Beginning with Bates AKRON
25 000370688, was marked for purposes

1 of identification.)

2 - - - -

3 Q. Do you recognize this document?

4 A. I do.

5 Q. What is it?

6 A. A National Diversion Survey
7 Questionnaire that I fill out on a quarterly
8 basis.

9 Q. And you fill out the information
10 with your duties on the Akron Police
11 Department?

12 A. I do.

13 Q. And why are you the person in the
14 Akron Police Department that fills this out?

15 MR. LEDLIE: Object to the form of
16 the question. Calls for speculation.

17 A. Because I investigate the
18 prescription investigations.

19 Q. Who is the recipient? Do you know
20 who the recipient of this information is?

21 A. I do. It is the Nova Southeastern
22 University that does this study.

23 Q. Do you have an understanding of why
24 they are seeking this information?

25 A. I understand they are trying to see

1 what medications are abused and in what
2 frequency, how many numbers they have. I don't
3 know their overall end goal or their end game
4 on it.

5 Q. Understood. If you turn to the
6 page 3 of this document, there is a list. On
7 the left-hand column, there is a list of drugs
8 diverted or allegedly diverted, and the next
9 column over is the number of cases in which the
10 drug is mentioned; do you see that?

11 A. I do.

12 Q. And I take it you are the one that
13 populates the second column, the number of
14 cases in which the drug is mentioned?

15 A. I do.

16 Q. And what do you populate that
17 column based on?

18 A. On active investigations that I
19 have either started or -- started that quarter.

20 Q. And are these investigations that
21 are limited only to Akron Police Department or
22 are they also DEA?

23 A. These are Akron Police Department,
24 within the zip codes of the City of Akron.

25 Q. So fair to say this does not --

1 completing this questionnaire does not relate
2 in any way to the work on TDS?

3 A. Correct.

4 Q. If you take a look through the
5 column the Number of Cases, you see there is
6 two for Adderall, there is two for
7 Benzodiazepine, there is four for Codeine; do
8 you see that?

9 A. I do.

10 Q. If you turn to the next page, you
11 see that there are two cases related to Vicodin
12 tablets?

13 A. Yes.

14 Q. On the next page, there is a three
15 cases related to Percocet?

16 A. Yes.

17 Q. The next page there is one case
18 related to Ultram?

19 A. Yes.

20 Q. And do you have any reason to doubt
21 the accuracy of those figures?

22 A. No.

23 Q. Turn to the last page.

24 A. Okay.

25 Q. It says, "Other Drug Trends:

1 Illicit Drugs: Heroin Cases"?

2 A. Yes.

3 Q. And then the far left column asks,
4 it says, "During the past three months, how
5 many new heroin cases were opened by your
6 department?" and the number of cases here is
7 listed as 57?

8 A. That's correct.

9 Q. And do you have any reason to doubt
10 those figures?

11 A. I do not.

12 Q. If you look at the last box on this
13 document, did you populate that -- did you
14 respond to that question?

15 A. I did.

16 Q. And do you have any reason to doubt
17 any of the information contained there?

18 A. I do not.

19 Q. And how did you go about completing
20 this question -- or responding to this
21 question?

22 A. I took down that the new ongoing
23 drug trends for the promethazine with codeine.
24 The 57 heroin cases, I get that information
25 from the two detectives that work the heroin

1 overdose cases. Those are their numbers. And
2 then the other amounts are what the oxycodone
3 products generally sell for, about a dollar a
4 milligram in the area, two milligrams Xanax
5 bars. These are just prices that -- street
6 values of the narcotics.

7 Q. Was this information that was all
8 provided by APD investigators?

9 A. Yes.

10 Q. So Det. Leonard, with respect to
11 Exhibit 28, are any of the cases that were
12 described, either the heroin cases or the cases
13 related to diversion, cases that you were
14 personally working on?

15 A. Yes. The diversion cases.

16 Q. Okay. But they were cases that
17 were not also DEA cases as part of the TDS?

18 MR. LEDLIE: Objection. To the
19 extent that requires you to disclose what
20 investigations you are doing for the DEA, you
21 are not authorized to answer that. I believe
22 you indicated that these were Akron cases and
23 Akron numbers, and they were cases that were
24 open in Akron.

25 So we would not have an objection

1 to you answering on behalf of Akron, but you
2 would not be able to comment regarding --

3 THE WITNESS: Okay.

4 A. Can I ask him a question for a
5 second?

6 MR. LEDLIE: I have a question
7 about this, because I have your interest as
8 well.

9 MR. BENNETT: Can we go off the
10 record to talk about privilege?

11 MR. GOLDSTEIN: Sure.

12 MR. BENNETT: Thank you.

13 (Recess taken.)

14 MR. GOLDSTEIN: Back on the record.

15 MR. BENNETT: Counsel, after having
16 a chance to confer with the witness, to the
17 extent that all, some, or none of these cases
18 were also opened as a DEA case, the witness is
19 not authorized to answer any questions
20 regarding whether they were or were not also
21 opened as DEA cases. He is only allowed to
22 answer on behalf of Akron in the cases opened
23 in Akron.

24 MR. GOLDSTEIN: Okay. In that
25 case, I don't have any first questions on that

1 document.

2 Q. This is, mercifully, the last
3 document of the day.

4 - - - - -

5 (Thereupon, Deposition Exhibit 29,
6 Designated Confidential, 7-25-2011
7 Email, Beginning with Bates AKRON
8 000368263, was marked for purposes
9 of identification.)

10 - - - - -

11 Q. Handing you Exhibit 29, do you
12 recognize this document?

13 A. I do.

14 Q. What is it?

15 A. It is an email from Ashley Frank
16 Summit County Courthouse.

17 Q. I believe you testified earlier who
18 Ashley Frank is -- maybe not. I'll strike
19 that.

20 Who is Ashley Frank?

21 A. I believe Ashley works for Summit
22 County Court for the drug court. Yeah, she
23 works for drug court. That was a different
24 Ashley we talked about earlier.

25 Q. Thank you. Ashley Williams?

1 A. Yes.

2 Q. And if you look at the middle of
3 the page, it looks like Ashley is asking you if
4 the individual referenced here would be a
5 candidate for drug court; is that accurate?

6 A. Yes. That appears what she is
7 asking, yes.

8 Q. And she says, "I ran his OARRS
9 again"; do you see that in the second sentence?

10 A. I do.

11 Q. And then if you look down, there is
12 a list of over a dozen entries; do you see
13 that?

14 A. I do see that.

15 Q. And what is your understanding of
16 those entries that are listed, starting from
17 March 15 to June 28?

18 A. They are a list of narcotics, drugs
19 that this individual filled during that
20 timeframe.

21 Q. And is this information that was
22 obtained through the OARRS database?

23 A. It appears that it was, yes.

24 Q. And it looks like this individual
25 obtained prescription opioids from several

1 different sources listed here?

2 A. I'm sorry. Say that again. I was
3 reading.

4 Q. It looks like there were several
5 different sources of the prescription opioids
6 that this individual received?

7 A. Are you talking about prescribers?

8 Q. Correct.

9 A. Yes. There are multiple
10 prescribers, to include Akron General and
11 Summa.

12 Q. Okay. Prescribers and dispensers,
13 to the extent --

14 A. I don't have dispensers on mine. I
15 just have the physicians. I don't have any
16 pharmacies listed.

17 Q. Okay. So these would have referred
18 to -- where it says from Summa, that would
19 refer to a prescription written by a Summa
20 physician?

21 A. More than likely an emergency room
22 physician, yes, but again, it doesn't say that
23 either.

24 Q. And is this type of information the
25 type of information that you would typically

1 look to obtain when using the OARRS database in
2 the course of your investigations prior to
3 2012?

4 MR. LEDLIE: Objection. To the
5 extent that you are asking for how he
6 investigates, the tools and techniques how he
7 investigates the cases prior to 2012, law
8 enforcement privilege.

9 You can answer as to public legally
10 available information, not subject to --

11 A. I don't know that there is any
12 public information. This all would have been
13 through my law enforcement information. So I
14 don't know that I can answer that question.

15 Q. Have you ever -- strike that.

16 You have run -- you have looked for
17 this type of information through -- you have
18 looked to obtain this type of information
19 through OARRS in the course of your diversion
20 investigations prior to 2012, correct?

21 A. Yes.

22 Q. And why was it important to your --
23 is it important information to your
24 investigations?

25 A. It is.

1 Q. And why is that?

2 MR. LEDLIE: Now I would object as
3 to why you are going into how a -- police
4 investigation privilege. If you are asking
5 about how he conducts his investigation, why
6 that would be important, but he's already
7 talked about OARRS extensively.

8 Q. Maybe I'll ask it this way:
9 Setting aside whether it is important or not,
10 why do you -- why would you be interested in
11 this information from the OARRS database?

12 A. I mean, that's -- for no other
13 reason except for law enforcement information,
14 I wouldn't use the OARRS database, so that
15 would all fall under how I do and why I do the
16 prescription investigations. So I don't know
17 if I can answer that without going into the law
18 enforcement privilege.

19 Q. The number of prescriptions that
20 were written, that are set forth here, are all
21 to the same individual, correct?

22 A. Yes.

23 Q. And is that consistent with
24 diversion?

25 A. Yes.

1 Q. And why is that?

2 A. Multiple prescriptions in a short
3 timeframe, a doctor shopper.

4 Q. Does that suggest they were not
5 obtained for a legitimate medical purpose?

6 A. Yes.

7 MR. GOLDSTEIN: I have nothing
8 further. I would just note that we reserve the
9 right to re-open this deposition subject to
10 some of the positions taken today by counsel
11 for the plaintiffs and for the government, and
12 that we would also reserve the right to seek
13 additional Touhy authorization from this
14 witness.

15 MR. ROMAN: I actually would
16 quarrel with the phrasing of that. I don't
17 think we are re-opening that. I think we are
18 not closing this deposition.

19 The objections and instructions
20 have been, in our view, improperly overbroad,
21 and we reserve all rights, so we do not close
22 this deposition.

23 MR. MOYLAN: Before we go into
24 ending statements, I have just a couple more
25 questions with respect to Exhibit 29.

1 EXAMINATION OF PATRICK LEONARD

2 BY MR. MOYLAN:

3 Q. If you know, detective, do certain
4 hospitals in the Akron area or the Cleveland
5 area have pharmacies located on site?

6 A. They do.

7 Q. Do you know if Summa Health
8 operates retail pharmacies on site?

9 A. They have a pharmacy on site. I
10 don't know if it is retail or not.

11 Q. I'm going direct your attention to
12 a website, and I'm going to read the address
13 into the record, www.SummaHealth.org, and there
14 is a page for retail pharmacy services. I'm
15 going to show you this website.

16 I'm going to ask if you have any
17 reason, if you look at that information, to
18 doubt the accuracy of it?

19 A. No, I don't have any reason to
20 doubt the accuracy.

21 MR. MOYLAN: That's all the
22 questions I have. Thank you.

23 MR. ROMAN: With that, I think we
24 are done for the day, detective.

25 MR. LEDLIE: I'm not done.

1 MR. ROMAN: Sorry.

2 MR. LEDLIE: First of all, as to
3 whether or not this deposition is open or not,
4 this is the second day of deposition of Det.
5 Leonard. Many of these issues could have been
6 sorted out if counsel had worked with the
7 government more.

8 I know that we were not -- the
9 government has already identified that many of
10 these documents were not provided, and we have
11 come close. I don't have, unless our court
12 reporter can give us a total, but we are very
13 nearly at the seven hour mark, and so I
14 understand everybody's position for the record,
15 but we are not in agreement that this
16 deposition is open.

17 I believe this deposition is
18 closed. If you have additional questions to
19 ask today, please do so, otherwise, we will not
20 agree to this deposition being open.

21 MR. ROMAN: Your position is noted.

22 MR. GOLDSTEIN: Do you have any
23 questions?

24 MR. LEDLIE: No. I'm not going to
25 ask any questions. Other than to say thank

1 you.

2 MR. GOLDSTEIN: Thank you.

3 MR. LEDLIE: We do not waive
4 signature.

5 (Deposition concluded at 5:44 p.m.)

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1 Whereupon, counsel was requested to give
2 instruction regarding the witness's review of
3 the transcript pursuant to the Civil Rules.

4
5 SIGNATURE:

6 Transcript review was requested pursuant to the
7 applicable Rules of Civil Procedure.

8
9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

12

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REPORTER'S CERTIFICATE

The State of Ohio,)

SS:

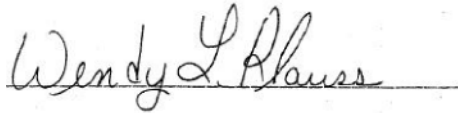
County of Cuyahoga.)

I, Wendy L. Klauss, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, PATRICK LEONARD, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above-referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above-referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

1 I do further certify that I am not
2 a relative, counsel or attorney for either
3 party, or otherwise interested in the event of
4 this action.

5 IN WITNESS WHEREOF, I have hereunto
6 set my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 2nd day of
8 April, 2019.

9
10
11
12 
13

14 Wendy L. Klauss, Notary Public
15 within and for the State of Ohio
16

17 My commission expires July 13, 2019.
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23
24
25

Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

April 2, 2019

To: James Ledlie

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3272305

Witness: Patrick Leonard, Vol II Deposition Date: 3/27/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3272305

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 3/27/2019

WITNESS' NAME: Patrick Leonard, Vol II

In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
my testimony or it has been read to me.

I have made no changes to the testimony
as transcribed by the court reporter.

Date Patrick Leonard, Vol II

Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn
Statement; and
Their execution of this Statement is of
their free act and deed.

I have affixed my name and official seal

this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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CASE NAME: In Re: National Prescription Opiate Litigation v.

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WITNESS' NAME: Patrick Leonard, Vol II

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Patrick Leonard, Vol II

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

ASSIGNMENT NO: 3/27/2019

PAGE/LINE(S)	CHANGE	/REASON
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Date Patrick Leonard, Vol II
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____.

Notary Public

Commission Expiration Date

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.